

**CAH QHi User Group Meeting**  
**November 2, 2011**  
**NOTES**

**Participants:** 18, including 10 confirmed CAHs, facilitated by Rochelle Spinarski, Rural Health Solutions

## **Introductions**

### **QHi Updates and Questions – Rochelle Spinarski, Rural Health Solutions**

- Participants were updated on the new single data submission page.
  - Note – if you click on the numerator or denominator buttons, brief definitions of each will appear.
  - The calculate results feature is still the same but if you click it as you enter data you can check results as you enter data. All calculations will occur automatically when you activate the data.
- A new peer benchmark was added: annual inpatient discharge. This measure better reflects hospital size as compared to # of beds.
- Annual updates to each hospital's profile page are required. These triggers will continue to appear until provide pages are updated.
- MBQIP measures are in QHi.
- For CAHs reporting HCAHPS measures, a new data upload feature is available for most vendors' data. Call or email Rochelle Spinarski if you would like to use this feature.
- Status request regarding work on making changes to medication errors reported.
- The QHi Clinic Quality Advisory Committee met (presentation from meeting attached).
  - Subgroups are being established for hospital acquired infections, meaningful use, medication, long term care (SNF), and pneumonia measures.
  - All but two of the current Hospital Compare pneumonia measures will be eliminated or changed (as part of a universal set of indicators) as of January 1, 2012.
    - Those remaining are pneumonia patient ER blood culture before antibiotics and pneumonia patient given the most appropriate antibiotic.
  - CMS OP-1 and OP-2 measure were grouped as one measure in QHi but will be split into 2 measures to reflect Hospital Compare.
  - See committee meeting notes attached to email for more details.
- One hospital has been experiencing charts in their reports that go above 100%. If hospitals see this, please contact Rochelle Spinarski.
- Questions
  - Direct email option from At a Glance and New Reports features (see email)
  - Changes or decisions related to medications measures (see email)

### **Medicare Beneficiary Quality Improvement Project (MBQIP) – Rochelle Spinarski and Corinne Chavez, CA State Office of Rural Health**

- Discussion of MBQIP
  - 21 CAHs in CA signed an agreement to participate in MBQIP
- All CAHs are encouraged to participate in MBQIP (handout - attached). Although this is a voluntary program, participation will allow the Flex Program Monitoring Team to have more timely access to Hospital Compare data so CAHs are able to use the data for

quality improvement initiatives and reporting. MBQIP relies on Hospital Compare data so if hospitals are already reporting to Hospital Compare, no additional reporting will be required.

- 83% of CA CAHs report data on at least one measure to Hospital Compare.

#### **CA Flex Program Plans 2011-2012 – Angelica Perez**

- Review of activities focusing on those related to QI (attached)
- CAHs can access funds for many of the activities via the California Hospital Association and CARE Grants (grant applications attached). Grant applications should be sent to Peggy Wheeler at the California Hospital Association.
- New program – Hospital Compare Mentoring Program for CAHs that have not participated in Hospital Compare.
- EMS/Health Systems Development
  - CAHs interested in pursuing trauma center designation should contact Rochelle Spinarski
  - Questions were asked about state trauma guidelines (see attachment).

#### **Focus on Pneumonia Measures – Rochelle Spinarski and Wende Cappetta and Roya Nassirpour, Santa Ynez Valley Cottage Hospital, Solvang**

- Current pneumonia measures in QHi discussed. CAH staff thought it would be helpful to revisit the measures to determine the QHi measures that should replace the pneumonia soon-to-be-eliminated from Hospital Compare, QHi core measures. Rochelle Spinarski agreed to email all of the current QHi measures to QHi users for review and consideration.
- CAHs agreed they are doing well with the % of pneumonia patients receiving antibiotics within 6 hours but struggle with the pneumococcal vaccine. This is difficult because of the lack of data on patients that have/have not been immunized and the difficulty with coordinating data between the hospital and clinics.
- Santa Ynez Valley Cottage Hospital (Presentation – Attached)
  - Overview of the hospital
  - Organizational commitment to CMS core measures/hospital compare
    - They needed to be pushed and this needed to be mandated for it to become a high priority for all staff.
    - Leadership must be on board.
    - All staff have performance measures that reflect QI measures
  - CAHs talked about the challenges of getting forms changed.
    - Key was creating Best Use Forms with input and buy-in
    - Keeping the process going to review and finalize forms
  - Importance of staff education
  - Review of the feedback loop that the hospital uses to address outliers, including those that may be occurring because of other settings (e.g., clinic, SNF)
  - High involvement by physicians
  - Tools – hospital data tracking tools were discussed and one was shared. Staff report they will share other tools being used (attached).

Adjourn 11:30