

# Preparing Critical Access Hospitals (CAHs) for the New World of Hospital Measurement

Update on MN Quality Reporting and Measurement  
System and Implementation Support for Rural Hospitals

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office of  
Rural Health & Primary Care  
MINNESOTA DEPARTMENT OF HEALTH



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**Stratis Health**

# Welcome to the Call!

- Follow-up on the initial conference calls
  - Goal is to ensure that Minnesota CAHs understand...
    - the CMS Value Based Purchasing Program
    - Minnesota's Quality Reporting and Measurement System
- ...So that hospitals can build or strengthen their capacity to meet the requirements
- Developed and led by Stratis Health; funded by MDH Office of Rural Health and Primary Care

# Introductions

- Vicki Olson, RN, MS
  - Annette Kritzler replacement
  - Work with Quality Data Reporting and Patient Safety projects
  - Member of the Hospital team
- Robyn Carlson, RHIA, CPHQ

# Today's session

*An update on Minnesota's Statewide Quality Reporting and Measurement System and Implementation Support for Rural Hospitals*

- Understand the requirements for MN quality reporting for 2011
- Understand the process for completing the hospital outpatient measures
- Walk through population and sampling section for next data submission
- Discuss plans for January phone call

# Background

- The Minnesota Statewide Quality Reporting and Measurement System final rule and technical appendices were published December 2009 and November 2010
- The new system includes required reporting by all Minnesota hospitals
- Measures Required for Reporting Beginning in January 2010 (2009 Dates of Service) and Every Year Thereafter
- Annual review of measures

# CMS/Joint Commission core measures:

- AMI
- Heart Failure
- Pneumonia
- Surgical Care Improvement Project

# CMS/Joint Commission core measures

- Appropriate Care Measures
  - AMI
  - Heart Failure
  - Pneumonia

# CMS Outpatient Measures

- Outpatient (ED) AMI/chest pain (OP-1, 2, 3, 4, 5)
- Outpatient surgery measures(OP-6, 7)

# Patient experience

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
- This measure is not required for hospitals with fewer than 500 admissions in the previous calendar year

# Agency for Healthcare Research and Quality (AHRQ) Inpatient Quality Indicators (IQI)

- Abdominal aortic aneurysm volume and mortality (IQI4, IQI11)
- CABG volume and mortality (IQI 5, IQI 12)
- PTCA volume and mortality (IQI 6, IQI 30)
- Hip fracture mortality (IQI 19)
- A composite mortality measure based on six conditions
  - AMI, HF, Pneumonia, Acute stroke, GI hemorrhage, hip fracture

# Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicators (PSI)

- Pressure ulcers (PSI 3)
- Deaths from surgical complications (PSI 4)
- Postoperative PE or DVT (PSI 12)
- Obstetric trauma with and without instrument assisted vaginal deliveries(PSI 18, 19)
- Composite measure of preventable adverse events based on eight measures
- Pressure ulcer, iatrogenic pneumothorax, selected infections, post-op hip fracture, post-op PE/DVT, post-op sepsis, post-op wound dehiscence, accidental puncture/laceration

# Agency for Healthcare Research and Quality (AHRQ) Pediatric Patient Safety Indicators (PDI)

- Heart surgery volume and mortality (PDI 7, PDI 6)
- Composite measure of preventable adverse events based on six measures
  - Accidental puncture/laceration, pressure ulcer, iatrogenic pneumothorax, postoperative sepsis, postoperative wound dehiscence, selected infections

# Pediatric Measures

- Asthma Home Management of Care
  - Joint commission specifications
  - If you are participating as part of Joint Commission accreditation, information will flow to hospital compare
  - MHA will manage alternative reporting process

# Pediatric Measures

- CLAPSI (Central Line Associated Blood Stream Infections)
  - Pediatric and Level III NICU
  - Submitted to NHSN (National Healthcare Safety Network)
  - Accept invite from MDH to join group
- Late sepsis/meningitis in very LBW infants
  - Level III units
  - Vermont Oxford Network (VON)
  - Reports will need to be emailed/faxed to MHA

# HIT measure

- Hospital's adoption and use of Health Information Technology (HIT) in its clinical practice
- Part of annual American Hospital Association (AHA) survey

# Resources on MN Quality Measures

- MDH email alerts  
<http://www.health.state.mn.us/healthreform/>
- Minnesota Rules and Quality Reports  
<http://www.health.state.mn.us/healthreform/measurement/index.html>
- Katie Burns – MDH  
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