Using Data to Drive Action

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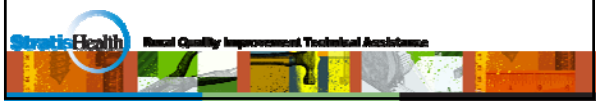
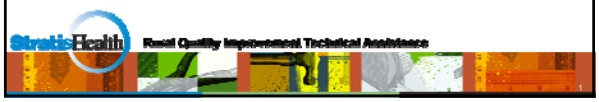
MHA Health Summit
Butte, MT



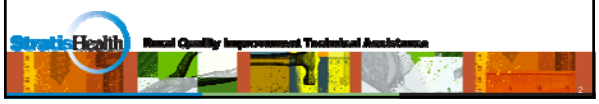
Overview

- Review structure, content, and uses for the MT Flex MBQIP Quarterly Data Reports
- Discuss ways to make data meaningful for supporting quality improvement
- Recognize strategies and methods for sharing data with various audiences to support improvement efforts.



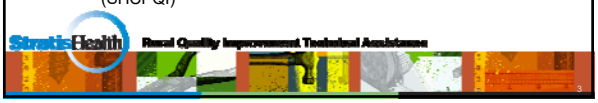
Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice



Rural Quality Improvement Technical Assistance Center (RQITA)

- Cooperative agreement awarded to Stratis Health from Health Services and Resources Administration (HRSA) Federal Office of Rural Policy (FORHP) beginning in 2015
- Improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives
  - Flex/MBQIP
  - Small Health Care Provider Quality Improvement Grantees (SHCPQI)

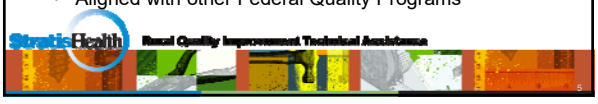


Montana Flex Program

- MHREF/MHA is the sub-recipient with MT DPHHS QAD as the official Grantee
- The Montana Rural Hospital Flexibility (Flex) Program provides funding to spur quality and performance improvement activities, stabilize rural hospital finance and integrate population health and emergency medical services (EMS) into existing health care systems.

MBQIP Overview

- Quality improvement (QI) activity under the Medicare Rural Hospital Flexibility (Flex) grant program through the Federal office of Rural Health Policy (FORHP)
- Improve the quality of care provided in CAHs by increasing quality data reporting and then driving improvement activities based on the data
- Set of rural-relevant hospital metrics, technical assistance, encouragement, and support
- Aligned with other Federal Quality Programs

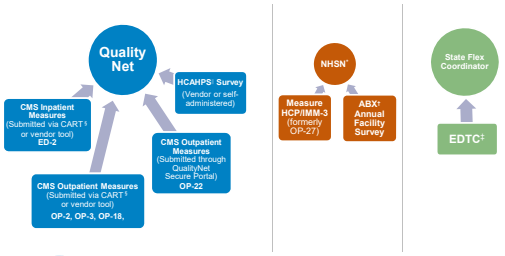


Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement

- Help CAHs prepare for value-based reimbursement

Quality Data Reporting Channels for MBQIP Required Measures



[3] CMS Abstraction and Reporting Tool [1]Hospital Consumer Assessment of Healthcare Providers and Systems [2]National Healthcare Safety Network [4]Antibiotic Stewardship [5]Emergency Department Transfer Communication

Quarterly MBQIP Reports

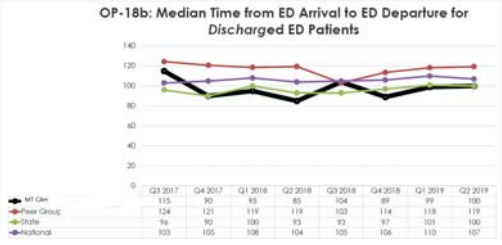
Montana Quarterly Reports

	CAH	PEER	MT	U.S.	GOAL	# MT CAHs
2Q 2019 PATIENT SAFETY/INPATIENT						
MM-2: Inpatient Influenza Immunization Rate	Retired					
ED-1: Median time (min) ED Arrival to Departure for Admitted ED Patients	Retired					
ED-2: Median time (min)Admit Decision to ED Departure for Admitted ED PTS	45	35	28	43	59	35
OP-27 Healthcare Worker Influenza Imm. (yearly Q1)	95%	91%	90%	90%	90%	35
Antibiotic Stewardship Program Criteria (# out of 7 criteria) (Yearly Q4)	7				7	39
2Q 2019 OUTPATIENT						
AMI & CHEST PAIN						
OP-2 Rate: Fibrinolytic Therapy w/i 30 min. ED arrival	100%	33%	25%	52%	100%	34
OP-3 Median time (minutes) to transfer for Acute CI	NA	132	99	65	90	34
OP-5 Median time (minutes) to ECG in ED	Retired					
ED THROUGHPUT						
OP-18 Median time (minutes) from ED Arrival to Departure	100	119	100	107	105	39
OP-22 Patient left without being seen (yearly Q4)	1.1%	0.4%	1.0%	1.0%	0.0%	27

Montana Quarterly Reports

1Q 2019 PATIENT ENGAGEMENT: HCAHPS						
Composite 1: Communication with Nurses (% Always)	77%	81%	80%	81%	90%	
Composite 2: Communication with Docs (% Always)	84%	82%	82%	82%	92%	
Composite 3: Responsiveness of Hospital Staff (% Always)	68%	73%	76%	70%	87%	
Composite 5: Communication about Medications (%Always)	61%	65%	68%	66%	80%	
Composite 6: Discharge Information (% Yes)	87%	87%	87%	87%	93%	44
Composite 7: Care Transitions (% Strongly Agree)	50%	52%	53%	53%	66%	
Question 8: Cleanliness of Hospital (% Always)	69%	74%	76%	76%	89%	
Question 9: Quietness of Hospital (% Always)	60%	65%	62%	62%	81%	
Question 21: Overall Rating of Hospital (% 9-10)	63%	72%	70%	73%	88%	
Question 22: Willingness to Recommend Hospital (% Definitely)	63%	69%	70%	72%	88%	
3Q 2019 CARE TRANSITIONS						
ED TRANSFER COMMUNICATIONS						
EDTC-1: Administrative Information	100%	100%	96%		100%	
EDTC-2: Patient Information	100%	97%	94%		100%	
EDTC-3: Vital Sign Information	100%	94%	93%		100%	
EDTC-4: Medication Information	100%	96%	91%		100%	42
EDTC-5: Physician Information	100%	97%	94%		100%	
EDTC-6: Nursing Information	100%	89%	86%		100%	
EDTC-7: Test & Procedure Information	100%	98%	96%		100%	
EDTC-8: All Communications	100%	87%	78%		100%	

Quarterly Report - Trends



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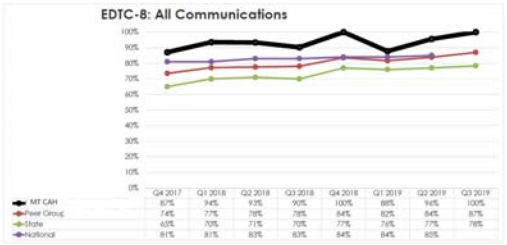

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Discussion

- What questions do you have about the Quarterly MBQIP Reports?
- How have you used or shared the information internally?
- What suggestions do you have to make the Quarterly Reports more useful to support your work?

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Making Data Meaningful for Improvement

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Using Data to Inform QI

- Data is the cornerstone of QI - if you can't measure it, you can't improve it
- Understand how current systems and processes are working:
  - Identifies variations in a process
  - Helps monitor processes over time
  - Document successful performance or need for continued improvement
  - Demonstrates what happens (or doesn't) when changes are applied

"In God we trust. All others bring data."

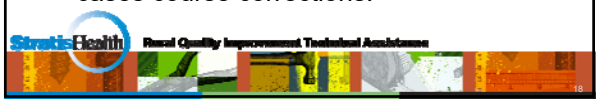
- William Edwards Deming

Considerations for Improving the Usefulness of Data for QI

- Proximity/currency of data
- Stratification
- Rare events, missed opportunities, and/or outliers
- Benchmarking

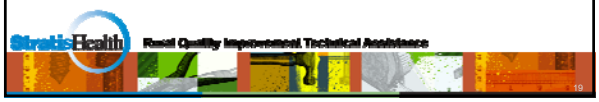
Proximity of Data

- Sharing data that is as 'real-time' as possible increases the likelihood it will be believed and acted on.
  - Particularly important during an active improvement effort
- Monitoring and sharing feedback quickly allows for rapid adjustments, or in some cases course corrections.



Opportunities for Increasing Currency of Data

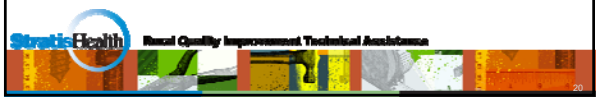
- Potential methods:
  - Enter or pull data more frequently (daily, weekly, monthly)
  - Alternative process to capture (e.g., tally sheet, short surveys)
  - Observational audits
- Share findings quickly, regularly, and simply



Stratification

Enables you to look at:

- Time of day
- Day of week
- Site of care
- Care providers
- Procedures
- Patient characteristics



When to Stratify

- When you suspect that whatever you are measuring may differ based on some characteristic of the data. Examples:
  - Wait times differing by age
  - Readmissions vary by discharge location
  - Adherence to standard practice protocols processes differ by day of the week or time of day
- Can be helpful in identifying QI opportunities

Rare Events, Missed Opportunities, and Outliers

- Consider individual audit/review for time critical and/or rare events:
  - AMI, Stroke, Sepsis
- If data shows consistent high performance (but not 100%) – take a closer look at charts or cases that 'failed'
- Take a look at outliers – do they uncover opportunities?

Benchmarking

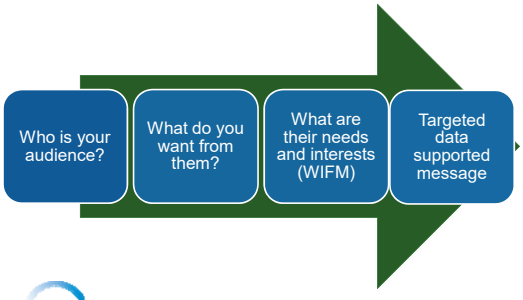
- Comparison or evaluation compared to a norm or peer group.
- Helps provide context for performance
  - Timing measures (when no clear standard of care)
  - Survey metrics (ex. HCAHPS)
  - Outcome measures (ex. Readmissions)
  - Less useful for process measures
- May help stimulate commitment or engagement for improvement

Benchmarking (2)

- Variety of data sources can be used, but important to be clear about the source:
  - MBQIP Hospital Data Reports
  - HCAHPS Online Summary Analyses
  - Networks or collaboratives
- Can also be used more 'internally'
  - Locations within a health system
  - Providers or departments within a single organization
  - Shifts or other logical groupings
- Can be an opportunity to identify best practices and strategies

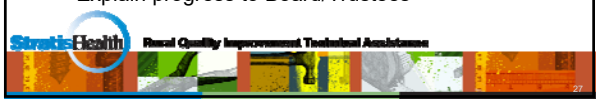
Strategies for Using Data with Various Audiences

Using Data Strategically



What are your goal(s) for sharing your data?

- Illustrate to leadership why it's important to commit resources to a specific area
- Inspire commitment to a specific area – rationale and making the case to others
- Show your value to your community
- Inspire action
- Celebrate success
- Explain progress to Board/Trustees



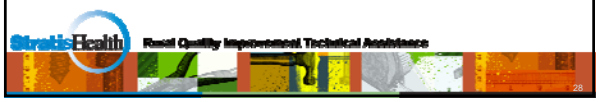
Data display: What is your purpose?

Graphs & Charts

- Show comparisons between variables
- Show patterns, trends or relationships
- Quickly express complex data relationships

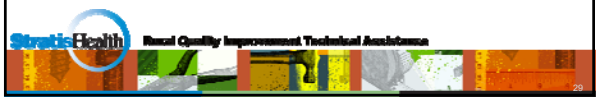
Tables

- Organize large amounts of data
- Show specific quantitative values



Who is your audience, and where to share the data?

- **Who are you sharing it with?** Staff, hospital leadership, boards, community members?
- **Where to share?** bulletin boards at hospitals, closed circuit TV in waiting rooms, meetings, internal hospital dashboards (computer or web based), billboards, newspapers, social media, etc.
- **Consideration:** Invite people less involved to look at data – may have creative ideas for sharing or improvement

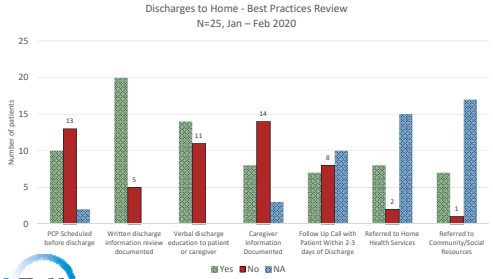


Examples

Discharge Planning Example

- **Goal**: Implement best practices related to discharge planning and follow-up to support more effective care transitions and reduce potentially avoidable readmissions.
- **Data**: Summary from chart audit conducted on 25 discharges to home in January-February 2020.

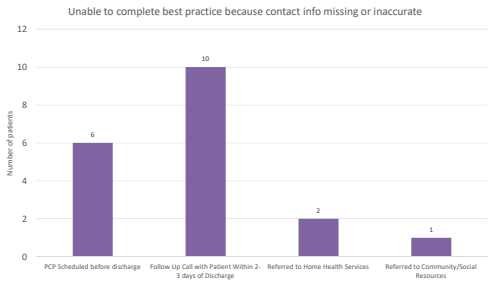
Example Display 1 Discharge Planning – Best Practices



Discharge Planning: Moving to Action

- **Opportunity:** Improve capture of key information to facilitate follow-up support.
- The audit identified that key pieces of information are often missing
  - Follow-up phone calls and referrals were often unable to be completed (phone number inaccurate, patient not at home, or unable to be reached)
  - Caregiver contact information often left blank or incomplete

Discharge Planning Example 2



EDTC

- When your goal is to celebrate high performance on EDTC and show your value to the community
- Why show it this way?
  - Chart shows that you've achieved and consistently maintained a goal
    - Could also include state rate for comparison
  - Statement makes the case for why to celebrate (in less health care specific terms), and highlights the key point

Example Display 1: EDTC-All

Example Display 2: EDTC-All

- Emergency care is our strength. And when you need more specialized services, we make sure that the hospital we transfer you to is ready to hit the ground running. Last year, **100% of our patients** who needed to be transferred from our Emergency Department to another hospital were sent with all of the information that the receiving hospital needed to resume care quickly and safely.

Discussion

- What are your goals for sharing your data?
  - What do you hope to accomplish?
- Who is your audience?
- Where to share the data?
- What data should you share, and how do you want to display it?

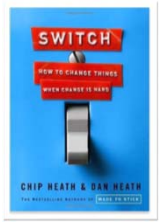
Wrap-up reminders

- Consider the audience and goal for sharing the data
- Keep it simple!
  - Tell the story visually
  - Use only as much data as needed
- Just knowing the data may not drive action (Change is hard!)

Change is Hard!

Critical components to engender change:

- Knowledge – data/facts, best practices, models
- Skills – workflow, processes, tools, training
- Feelings/Motivation – stories, connections, meaningful goals



From: https://heathbrothers.com/books/switch/

Questions?

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