

Meeting Notes

Participants (11): Rural Health Solutions (facilitator), Eastern Plumas District Hospital, Southern Inyo Healthcare District, John C. Fremont Hospital, Trinity Hospital, Sutter Lakeside (2), Frank R. Howard Memorial Hospital, Mendocino Coast District Hospital, Tehachapi Valley Healthcare District

Introductions

Updates:

- Contact Rochelle if you need a user id or password
- Upcoming QHi training sessions
 - Darlene Bainbridge will present on "Performance Improvement" **Tuesday, March 8 2:00 - 3:30 Central Time**. More information to come. Please click [here](#) to register for the webinar/conference call.
 - Our next **QHi Back to Basics Training Session** is scheduled for **Wednesday, April 13 from 2:00 - 3:00 Central time**. All QHi users are invited to attend. Please click [here](#) to register for the webinar/conference call. Following your registration, you will receive a confirmation email containing webinar and conference call connection information. This session will not be recorded.

Data Entry/User Challenges/Questions:

- Data error challenges should be resolved. Users on the call report issues have been resolved.
- Questions still exist related to definitions for some measures (e.g., healthcare associated infections and some of the financial and employee contribution measures). QHi still will be invited to clarify and provide guidance regarding these definitions on the next CA QHi Users Group conference call.
- Question about QHi participation serving as a means to fulfill Patient Safety Organization data reporting. This question will be presented to the California Hospital Association as a potential opportunity.
- Follow-up needs to occur with QHi staff to be sure that CA's QHi users are getting training and information updates from QHi. CA QHi users are encouraged to look in their Spam folders to see if the emails are getting sent there.

Statewide QHi Data Review

- Overview of CA and national measures presented
- Focus on 3 measures (attached, including Days Cash on Hand per the meeting discussion)
 - Patients Receiving Pneumonia Immunization
 - Steady decline in immunizations since September
 - Decline could be the result of increased patient volume during these months resulting in more patients getting missed
 - Pneumonia vaccine is every 5 years, facilities don't have access to an adult immunization record
 - An increasing number of patients refusing vaccinations
 - Two CAHs (Eastern Plumas, Mendocino Coast) they have included pneumonia immunizations as part of their standard admission order set. This is a standard nursing procedure so the nurses do not need a physician order to provide the immunization

- Benefits as a Percentage of Salary
 - CA's CAHs are approximately 50%, nationally below 30%
 - Some CAHs report this difference may be accurate due to their hospitals' union status while for others this may be a reflection of definition issues resulting in inaccurate data when compared to CAHs nationally
 - This measure's definition will be clarified with QHi staff
- Days Cash on Hand
 - While CAHs nationally saw an overall decline at the end of the year, CA's CAHs days cash on hand more than doubled.
 - CA and national differences could be due to a Medicaid payment glitch that was resolved, months when most CAHs receive tax revenue or special payments, or a definition issue.
 - This measure's definition will be clarified with QHi staff

2011 CAH QI/Lean Training and QI Collaborative

- Handout reviewed and discussed (emailed to all users and attached)
- Project start date TBD but information will be shared as soon as it is available
- QHi users were encouraged to think about the project and whether their hospital is interested in being one of the 7 in the collaborative
- QHi users expressed an interest in participating in the project

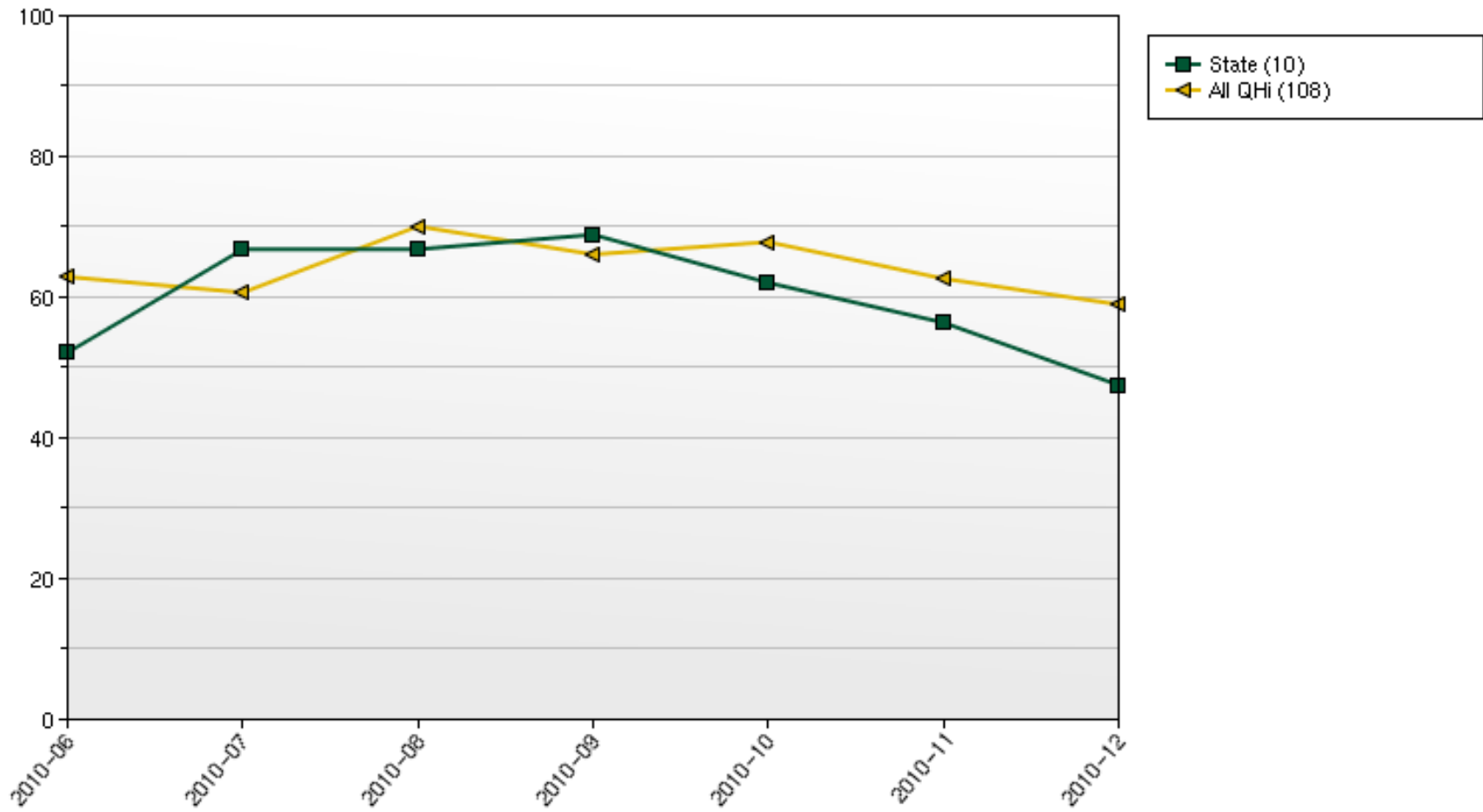
CCAHN Website

- Brief overview of the California Critical Access Hospital Network (CCAHN) was presented
- Information about the CCAHN website was presented. QHi users agreed it would be helpful to have a place to post QHi User Group meeting information and follow-up as well as information that is generated through the CAH QI/Lean Training and QI Collaborative

For more information about QHi, CA QHi Users Group or for questions, please contact Rochelle Schultz Spinarski, Rural Health Solutions, 651/261-6219 or rspinarski@rhsnow.com

This project is administered by the California Health Foundation and Trust (CHFT) in coordination with the California Department of Health Services, California State Office of Rural Health, Medicare Rural Hospital Flexibility Program through a grant from the Health Resources and Services Administration, Office of Rural Health Policy

Pn Pts Receiving Immunization



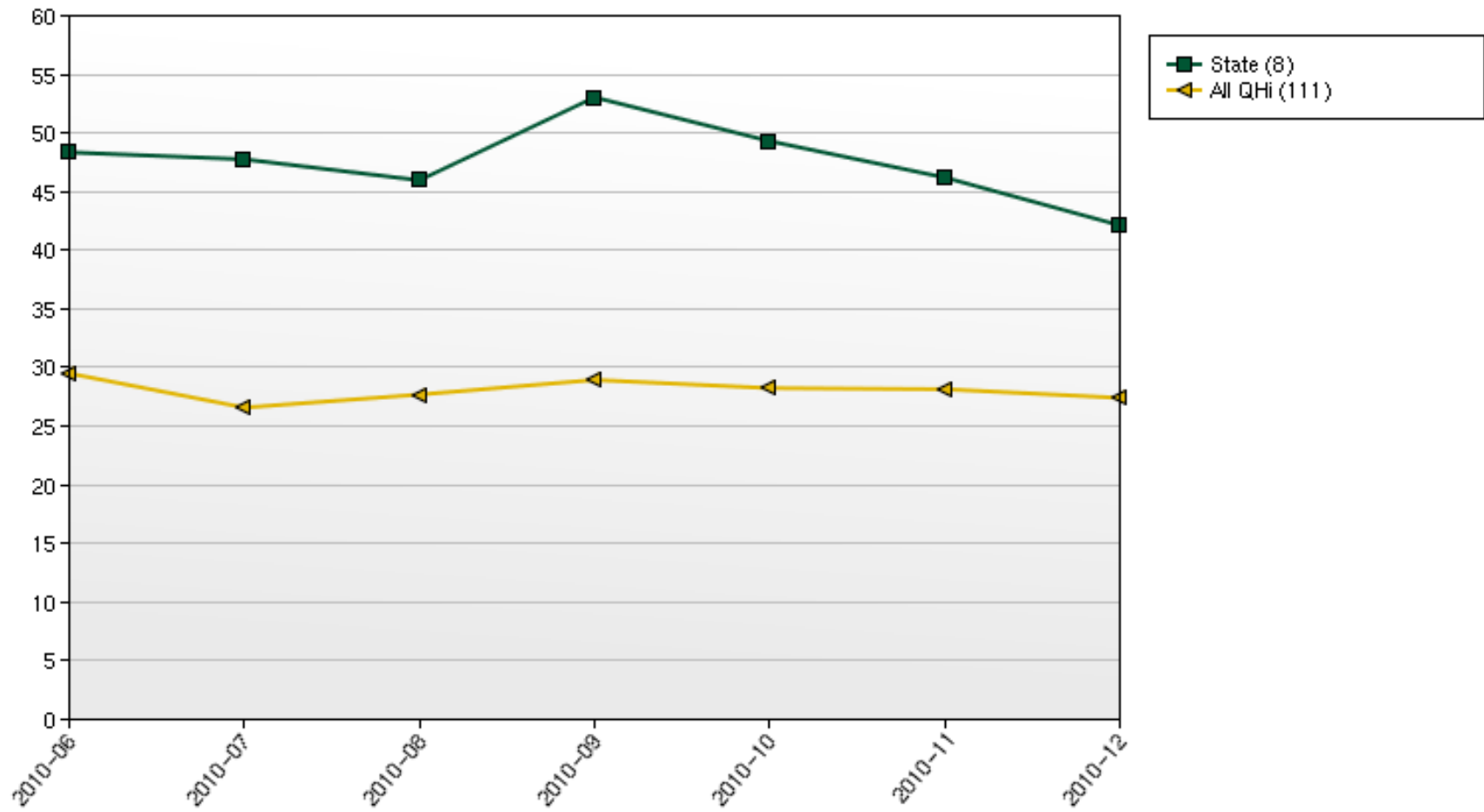
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Pn Pts Receiving Immunization is defined as:

Note: Hospital specific data will not display on pneumonia measure graphs for hospitals with no occurrences during the reporting period.

[(CMS Pn measure PN-2 numerator) Number of pneumonia patients age 65 or older screened for pneumococcal vaccine status and were administered vaccine prior to discharge when indicated / (CMS Pn measure PN-2 denominator) Total number of patients age 65 and older having had a working diagnosis of pneumonia, who do not have a discharge status of death, transfers to a higher level of care, transfers to hospice (inpatient or home), and left against medical advice or received in from another acute care facility] x 100

Benefits as % of Salary

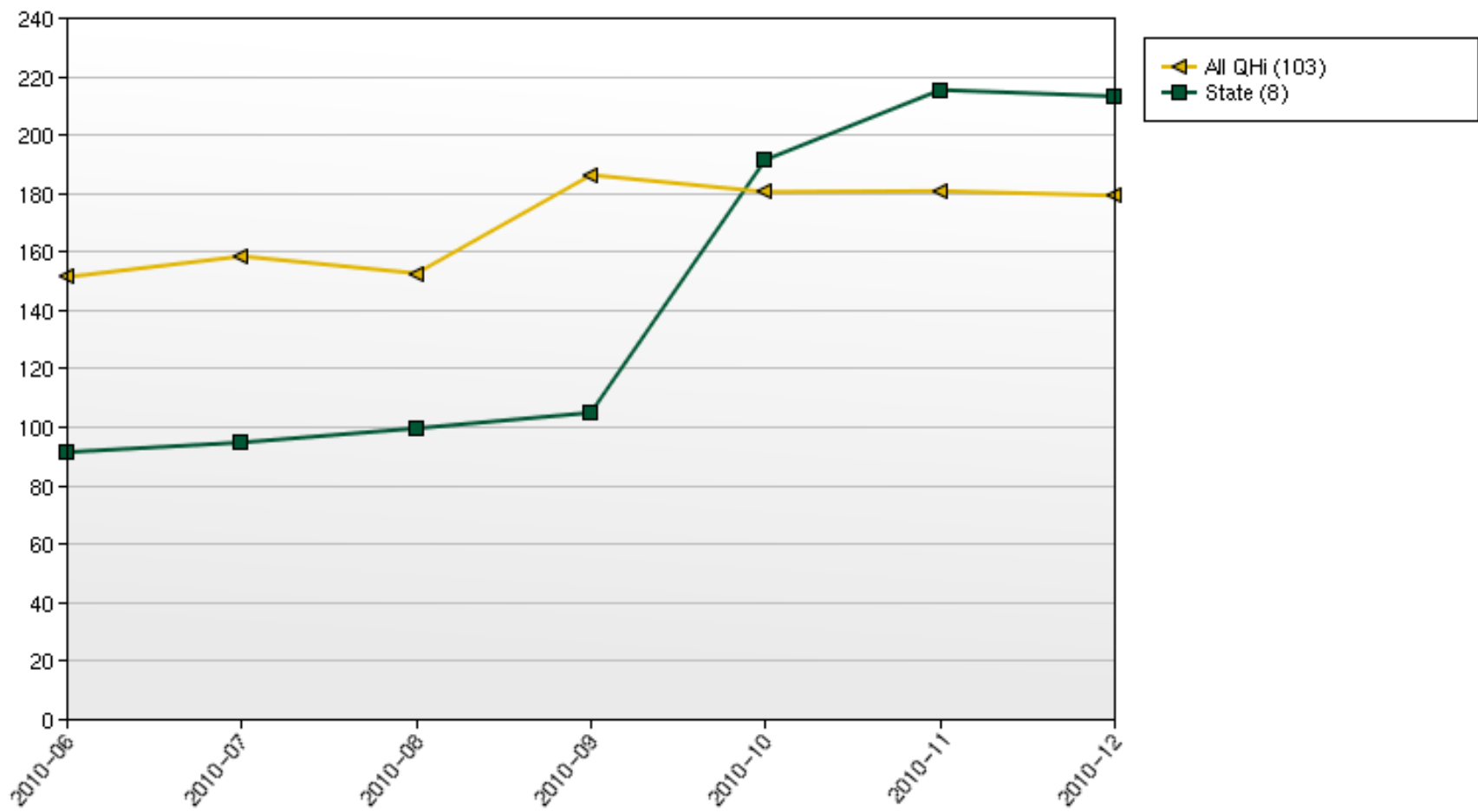


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Benefits as % of Salary is defined as:

$$\left[\frac{\text{Total cost of benefits provided to employees}}{\text{Total of cost of salary payment to employees (wages only)}} \right] \times 100$$

Days Cash on Hand



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Days Cash on Hand is defined as:

$(\text{Cash on hand} + \text{investment} + \text{non-restricted funds at month's end}) / [(\text{Operating expense} - \text{bad debt expense} - \text{depreciation expense}) / 30.4]$

CA CAH/FLEX Program
2011 CAH QI/Lean Training and QI Collaborative

Project Oversight: California Health Foundation and Trust (CHFT), California Hospital Association (CHA)

Project Facilitator/Trainer: University of Southern California, Viterbi School of Engineering and Professional Programs

Project Coordination and Support: Rochelle Spinarski, Rural Health Solutions

Project Funder: California State Office of Rural Health through a grant from the Health Resources and Services Administration, Office of Rural Health Policy, Medicare Rural Hospital Flexibility (Flex) Program

1) Lean Orientation/Training (“Lean 101”) – ALL CAHs

- a. Three one-hour online sessions, one week apart
- b. Planned start date April 2011
- c. All CAHs are invited and encouraged to participate
- d. No prior Lean background necessary
- e. Participants at each CAH, using one connection
- f. QI, nursing, and management staff are encouraged to participate
- g. *CAHs participating in the Lean QI Collaborative (see below) must participate in the Lean Orientation*

2) Lean QI Collaborative - 7 CAHs

- a. Seven CAH sites selected based on interest and commitment, as well as participation in Quality Health Indicators (QHi)
- b. QI topic will be based on data in QHi
- c. Two full day in-person meetings in Sacramento at the California Hospital Association, as well as on-site technical assistance and support provided at each participating CAH
- d. Travel cost reimbursement - TBD
- e. One or two CAH staff participants per site
- f. Eight 2-hour online sessions, 4 after first full-day in-person meeting, 4 after second, one week apart
 - i. Online programs provided by USC DEN service which includes video streaming and 2-way audio connectivity
 - ii. Content:
 1. Collaboration/group approach
 2. Focus on one QHi measure, selected by group of 7
 3. Tasks to be done at CAH by CAH staff between meetings
 4. Reading materials provided by USC
 - iii. NOTE: Additional CAHs can participate at a rate of TBD to be paid directly to USC
- g. Onsite support
 - i. Visits to each of the 7 CAHs, for total of two days each, may be in the form of two one day visits or ½ day visits*
 - ii. Visits made by USC faculty and/or teaching assistants
 - iii. Concurrent with Lean training, focus on selected QHi measure
 - iv. NOTE: Additional CAHs can participate at a rate of TBD to be paid directly to USC

*Exact format may vary once the 7 are selected