

CAHort Introductory Meeting

February 3, 2022



EQIC

EASTERN US QUALITY
IMPROVEMENT COLLABORATIVE

HQIC

Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
QUALITY IMPROVEMENT & INNOVATION GROUP

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Agenda



Welcome and overview

1 - 1:15 p.m.

Brenda Chapman

Review the CAHort

- a. What is the CAHort?
- b. Benefits of the CAHort

Structure and priorities

1:15 - 2:15 p.m.

all

Meeting structure:

- a. Meeting frequency
- b. Kickoff meeting
- c. Ad hoc regional meetings
- d. Combination

CAH priorities for 2022

- a. Readmissions
- b. Patient and Family Advisory Council (two 3-hour sessions)
- c. Survey CAH's in 4th quarter for 2023

Data review

2:15 - 2:40 p.m.

Nancy Landor

Brenda Chapman

Overview of EQIC CAH data

- a. Poll CAHs to determine area of focus

Website overview and wrap up

2:40 - 3 p.m.

all

Review EQIC website

Questions

Next meeting: May 5, 2022

What is the CAHort?



Critical access hospitals working together to improve quality and safety by addressing their unique needs

- Provides for networking and collaboration with similar organizations facing unique challenges
- Drives the opportunity for All Learn All Share

Benefits of the CAHort



- Networking with similar size hospitals
- Sharing of best practices
- Discuss successes and challenges

CAHort structure



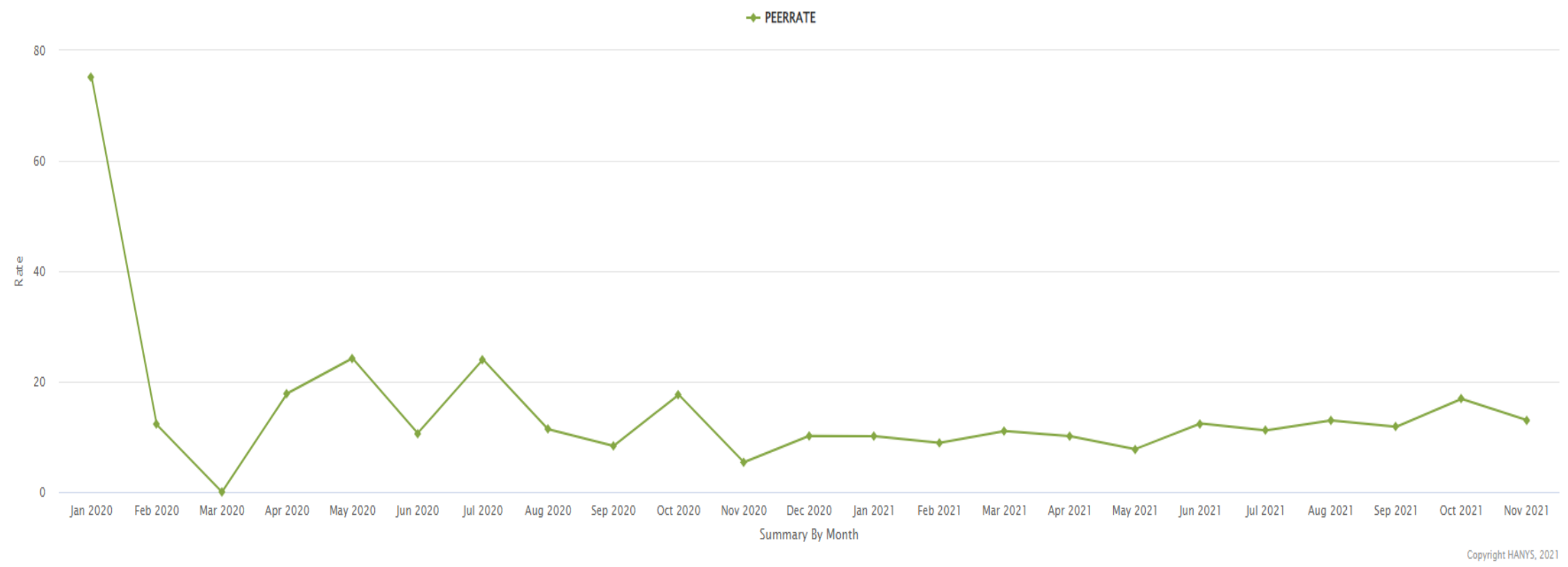
- Leadership
 - Facilitator: Brenda Chapman
 - Advisory committee
- Membership
 - Voluntary
 - All CAHs
- Meeting frequency
 - Quarterly
- Activities
 - Work plan
 - Mailings: Monthly with dates of events and registration links
 - Educational sessions
 - Data review

Setting priorities



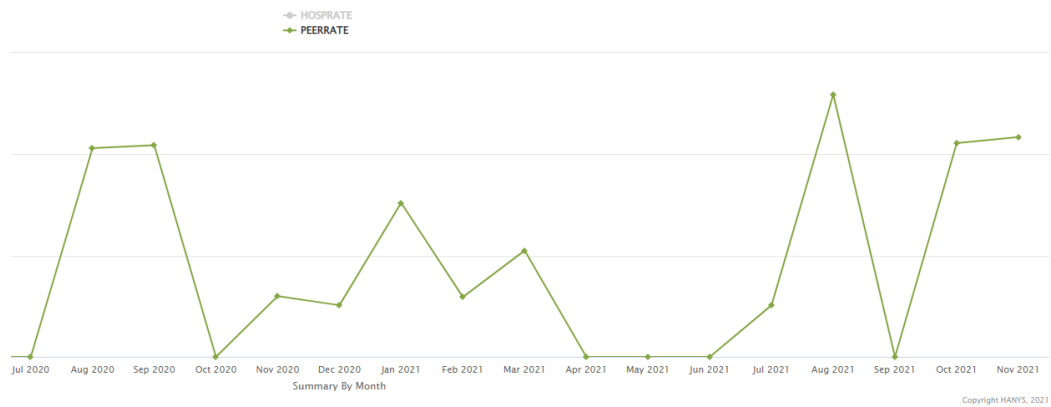
- EQIC priorities:
 - ✓ Readmission
 - ✓ PFAC
 - ✓ Opioid safety
 - ✓ Total harm
 - ✓ Health equity
- Initiative priorities poll
- Develop workgroups from poll results

ADE rate

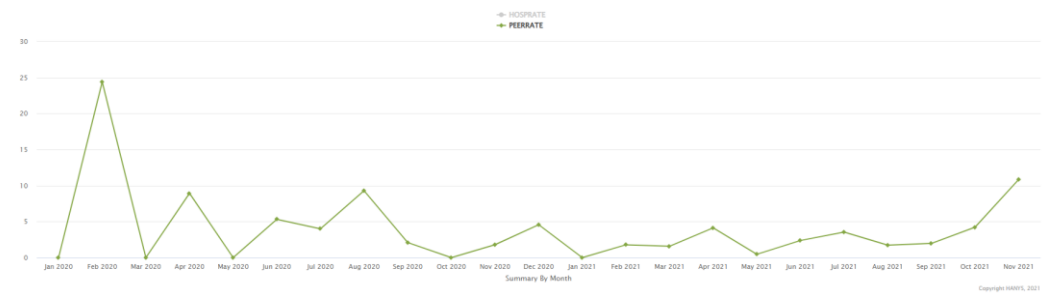


Drug category ADE rates

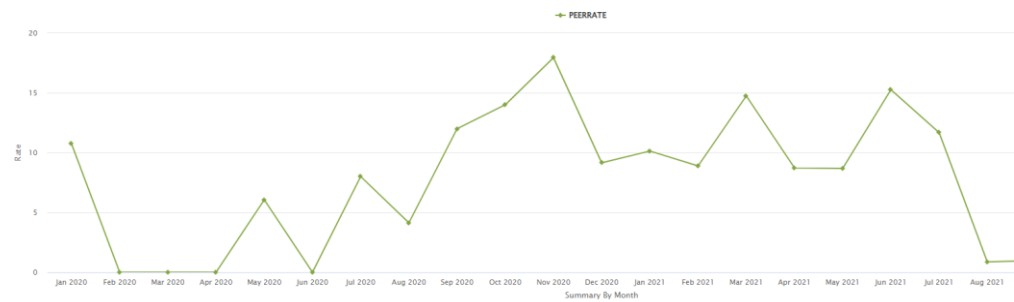
Anticoagulant ADE



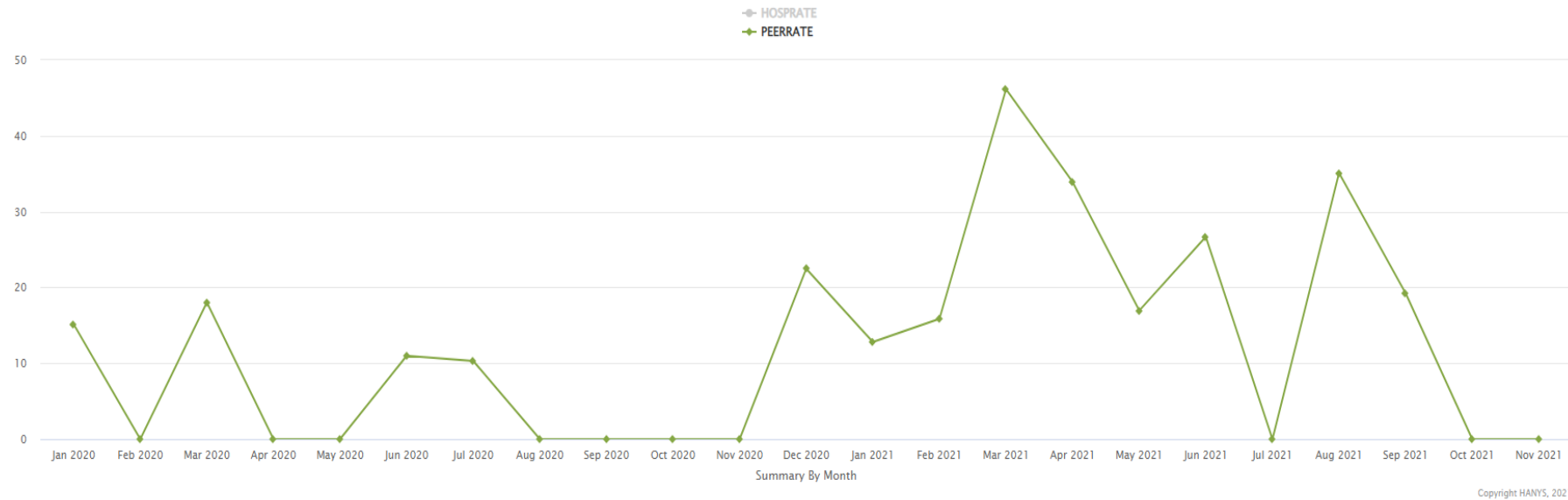
Insulin ADE



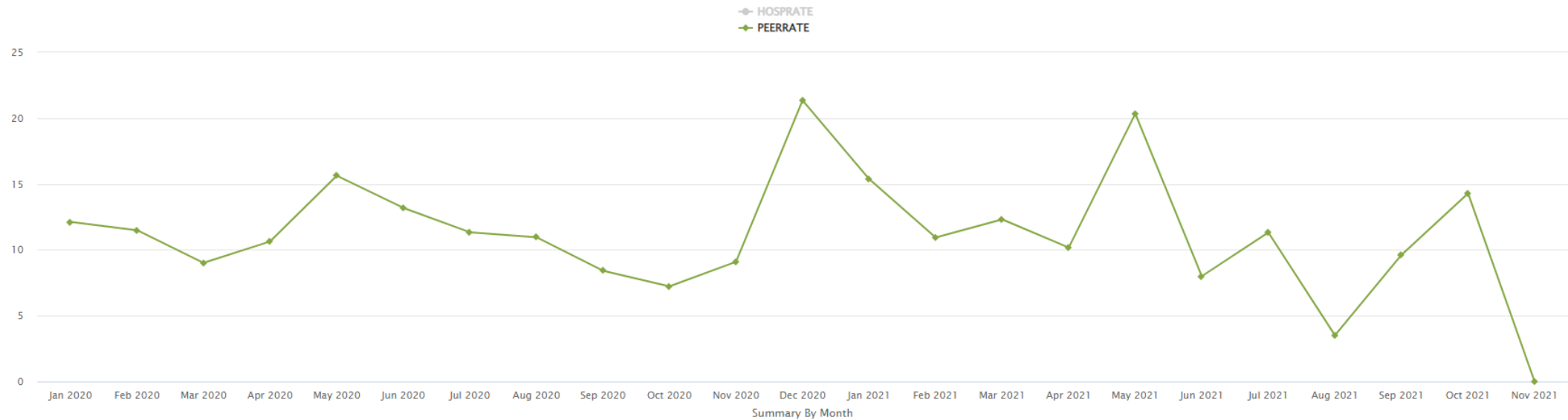
Opioid ADE



Medicare FFS data only: Narcan prescribed for patients discharged on opioids

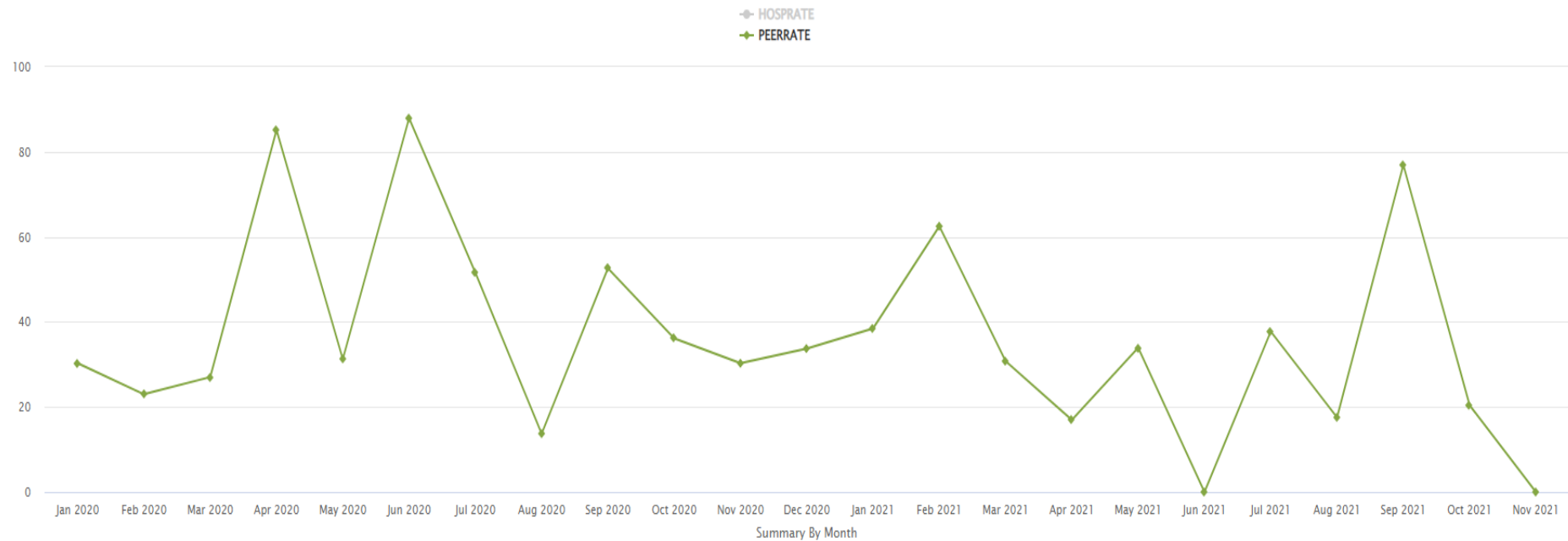


Medicare FFS data only: Discharged home on 90 MME or more of Morphine per day



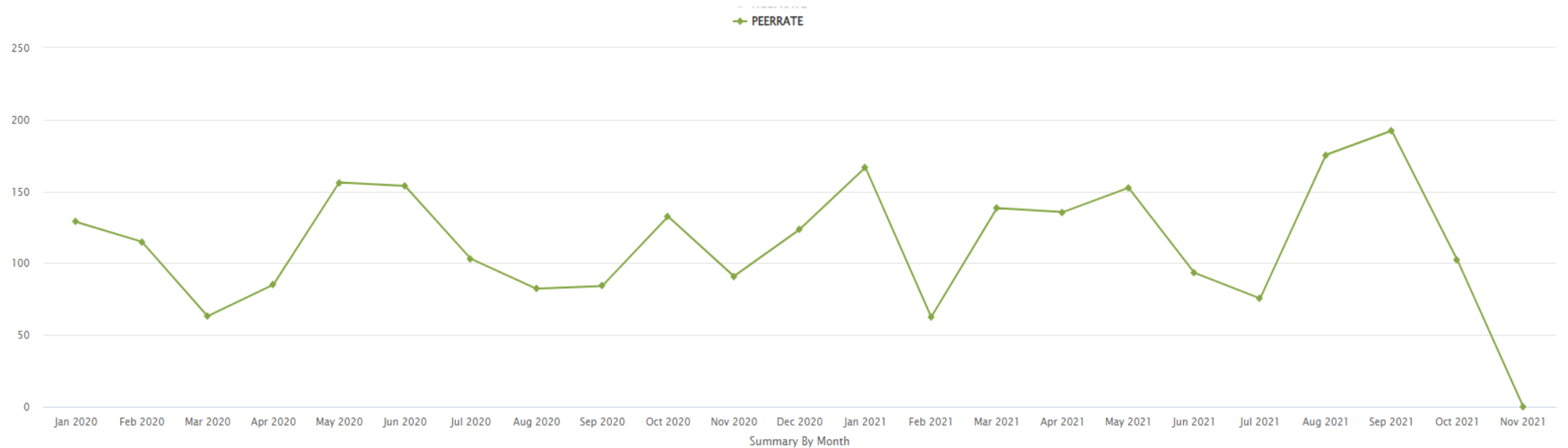
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Medicare FFS data only: Co-occurring benzo and opioid prescribed at discharge



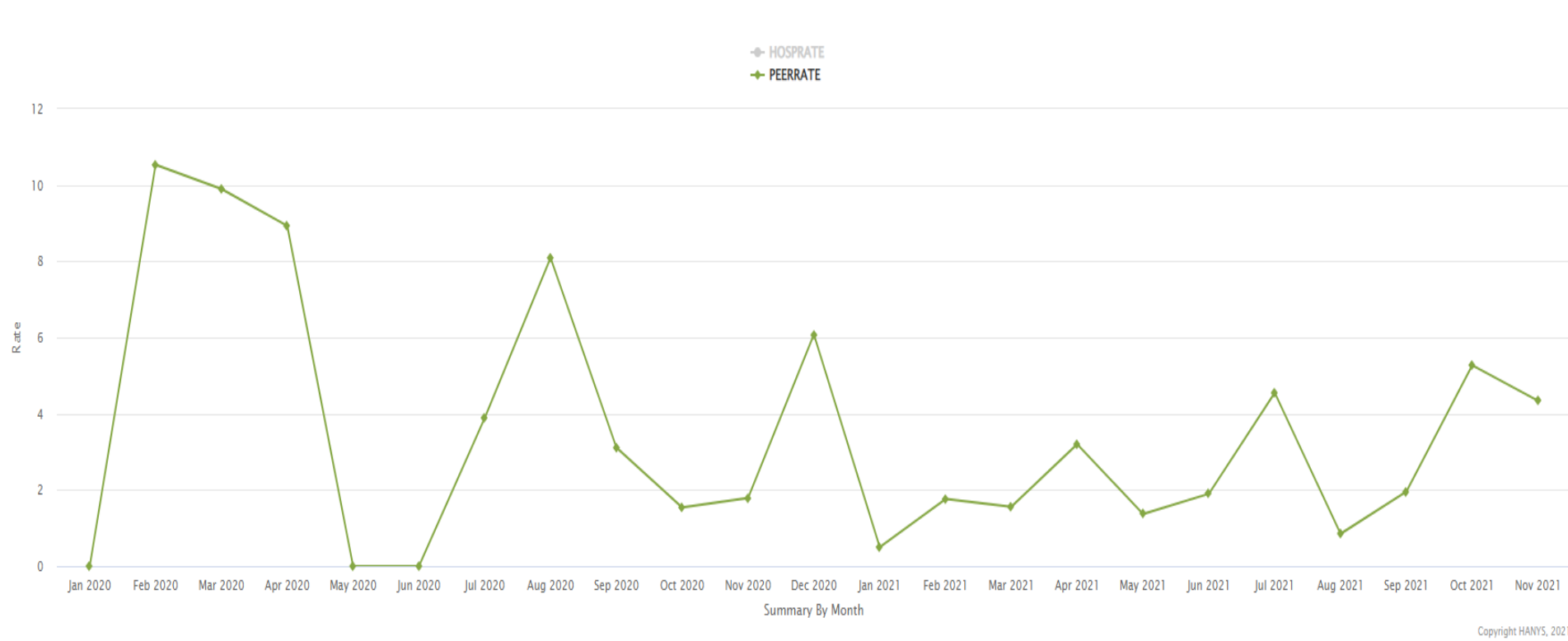
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Medicare FFS data only: Two or more opioids ordered at discharge

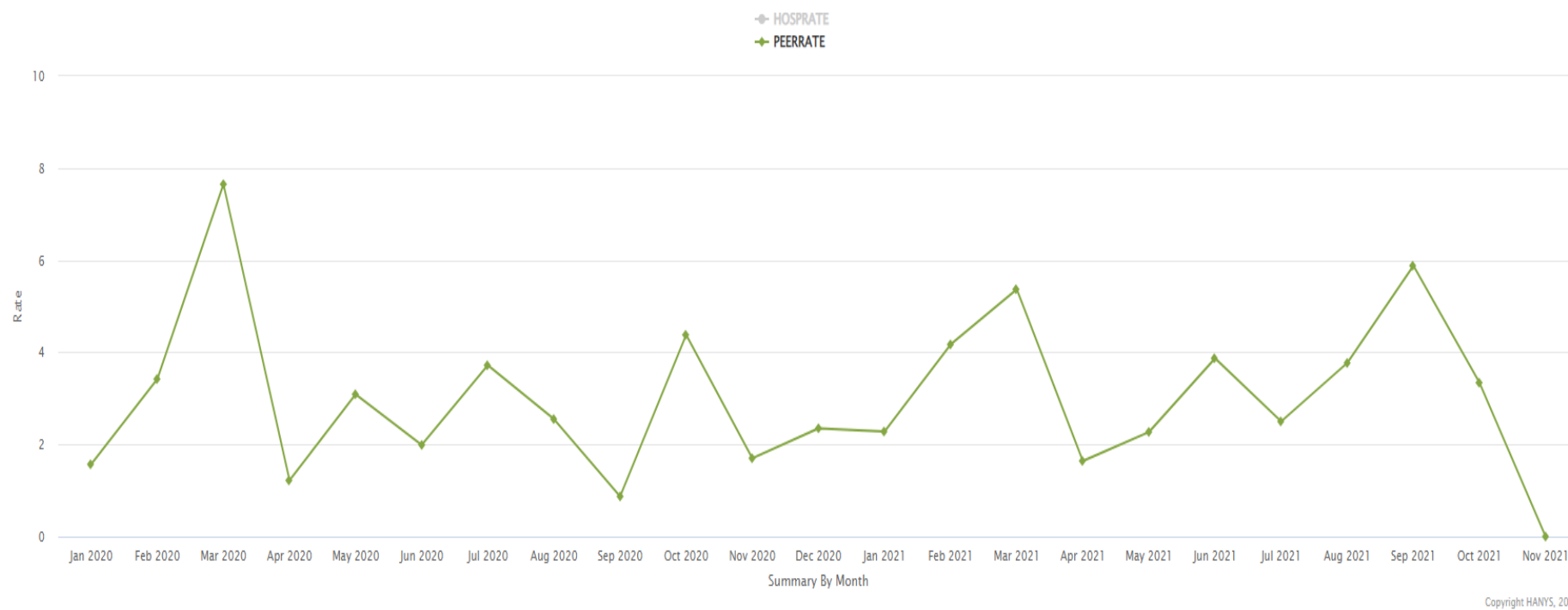


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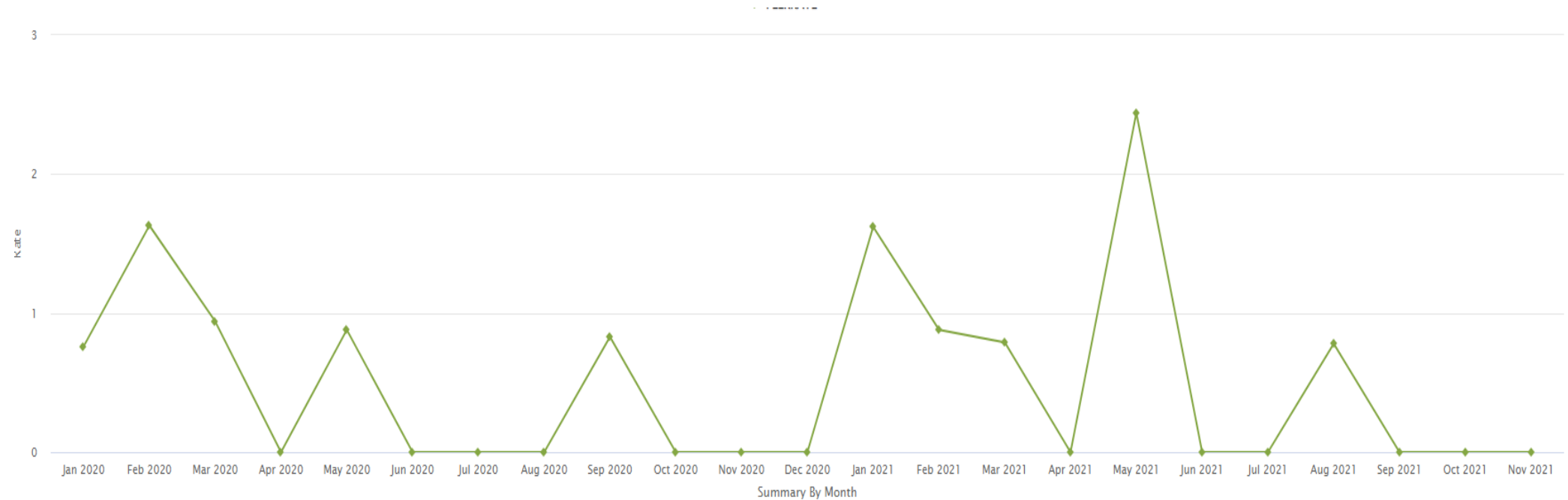
Severe hypoglycemia HAC



C. Difficile

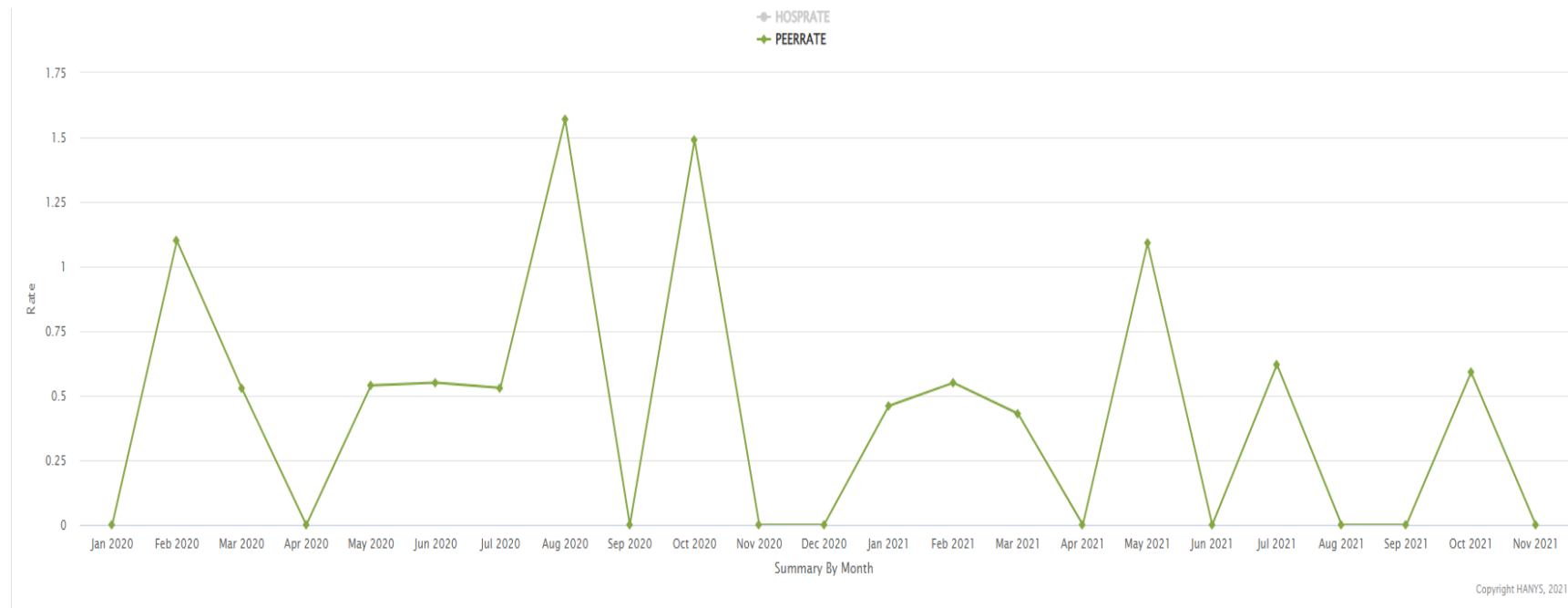


MRSA

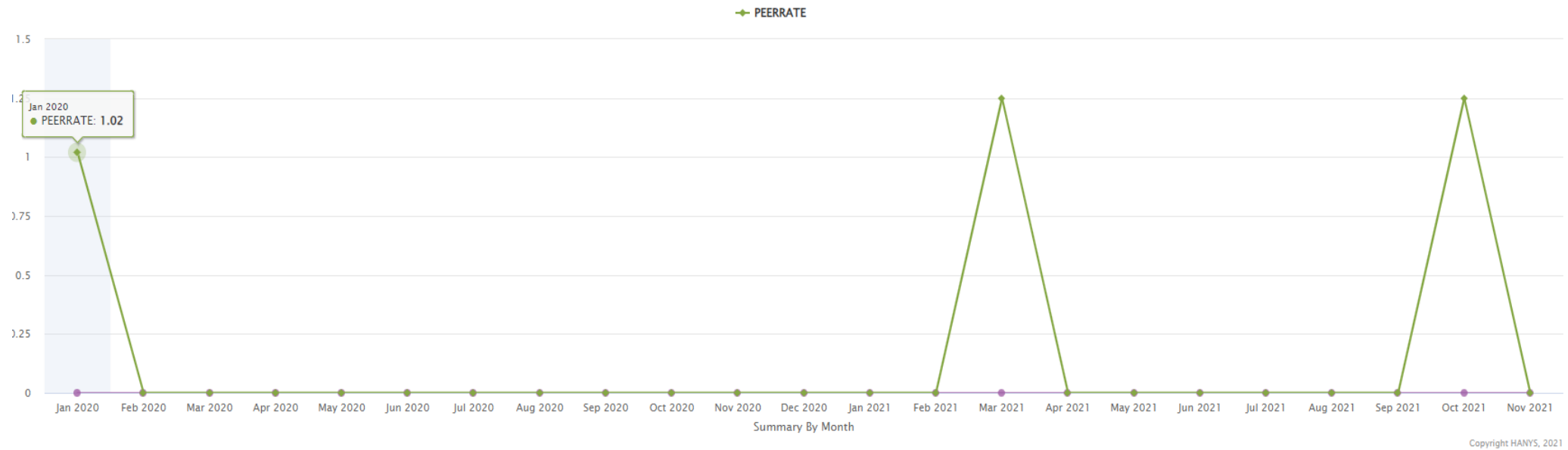


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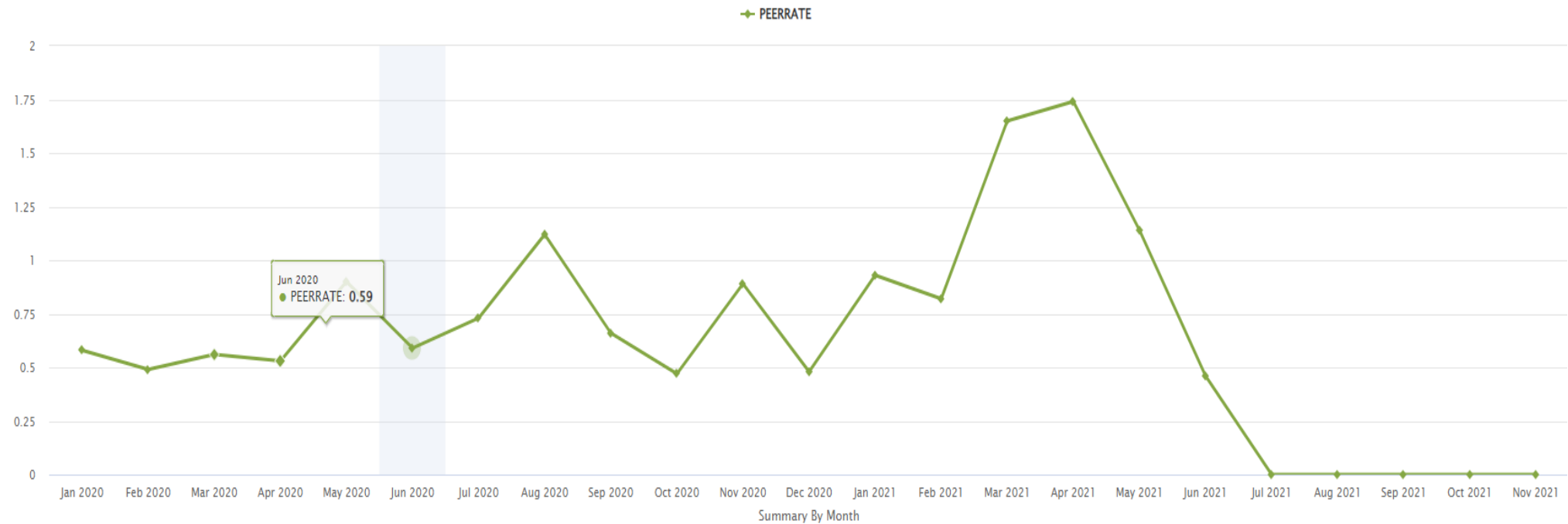
Overall CAUTI rate



Overall CLABSI rate

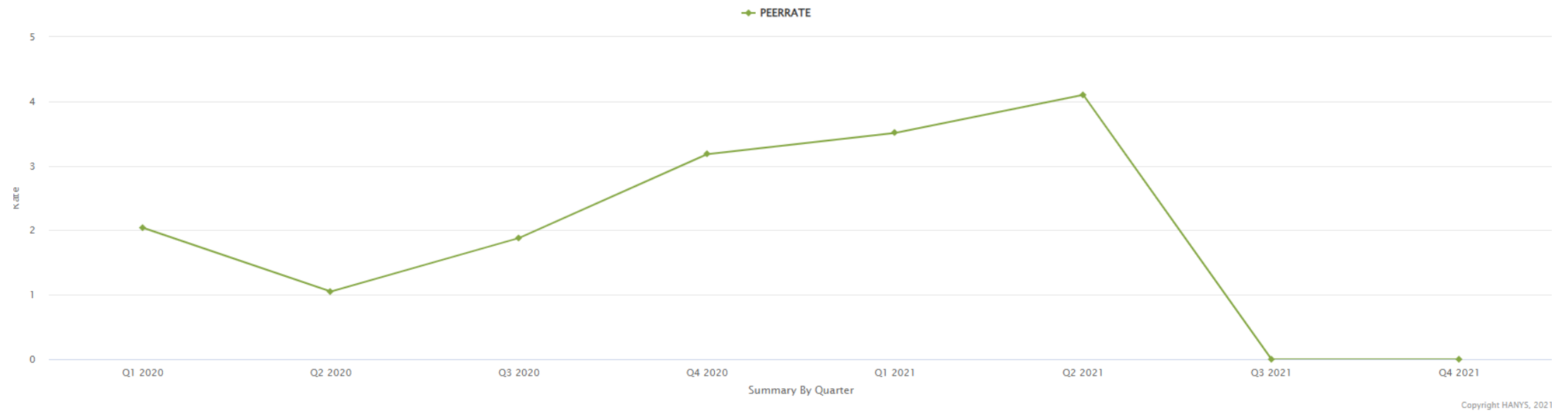


Falls with any harm

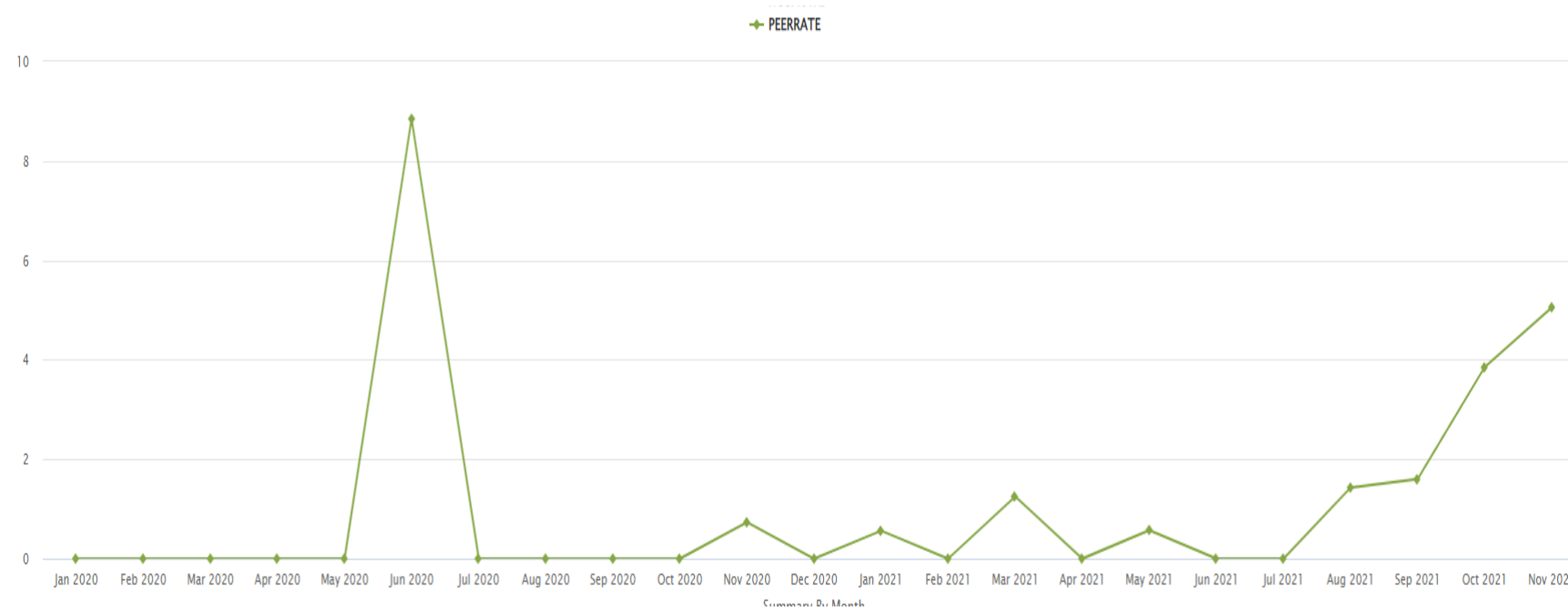


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Pressure injuries stage II and greater

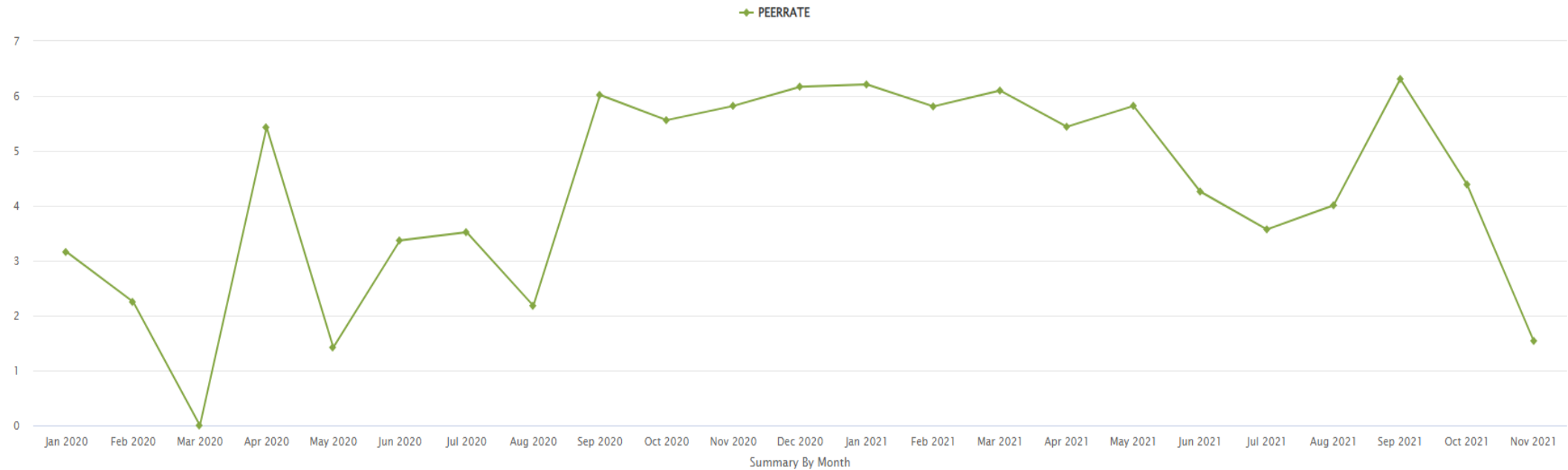


PSI 3: PI Stage III and greater



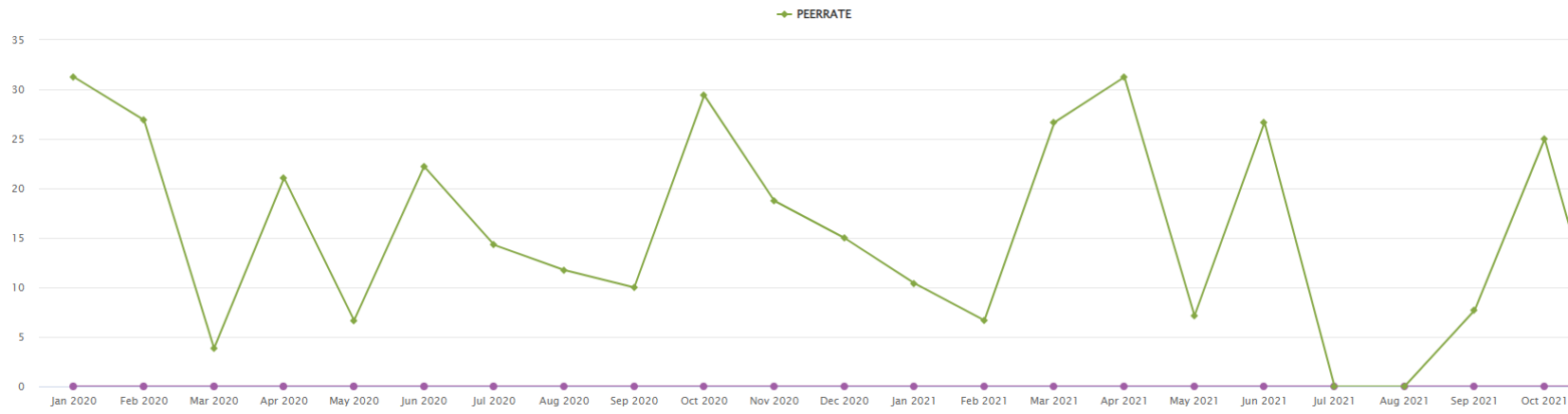
Medicare readmission

Note: All cause readmission has same pattern



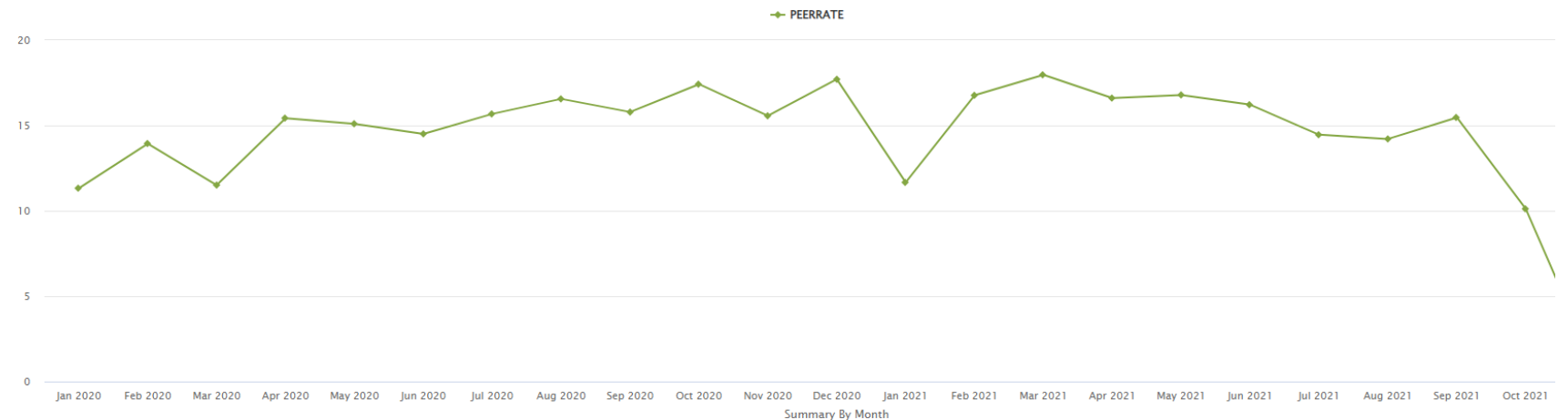
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Health equity: Black and White all-cause readmission within 30 days

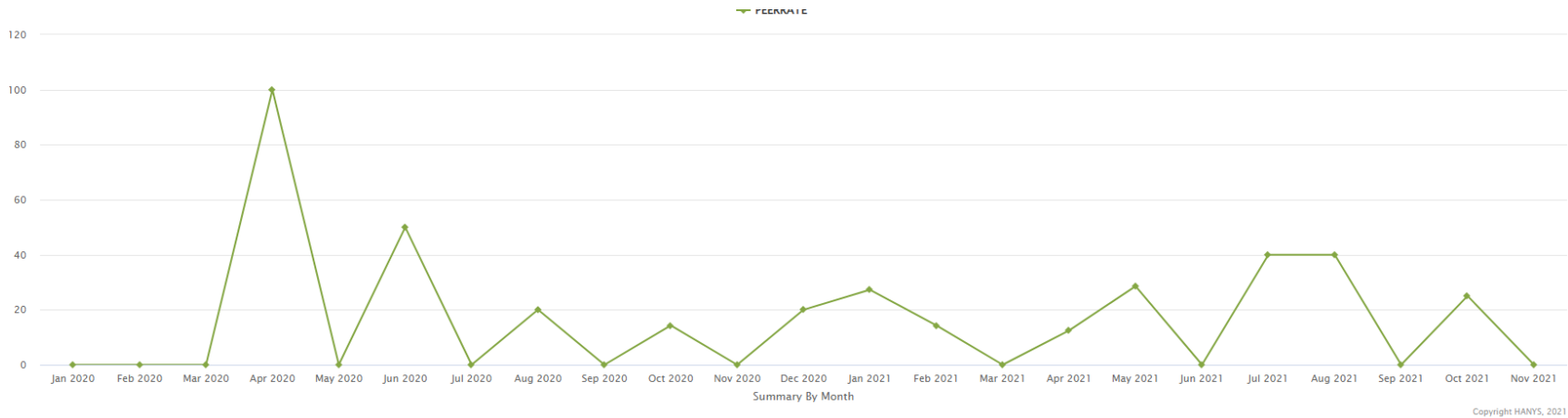


Black population

White population

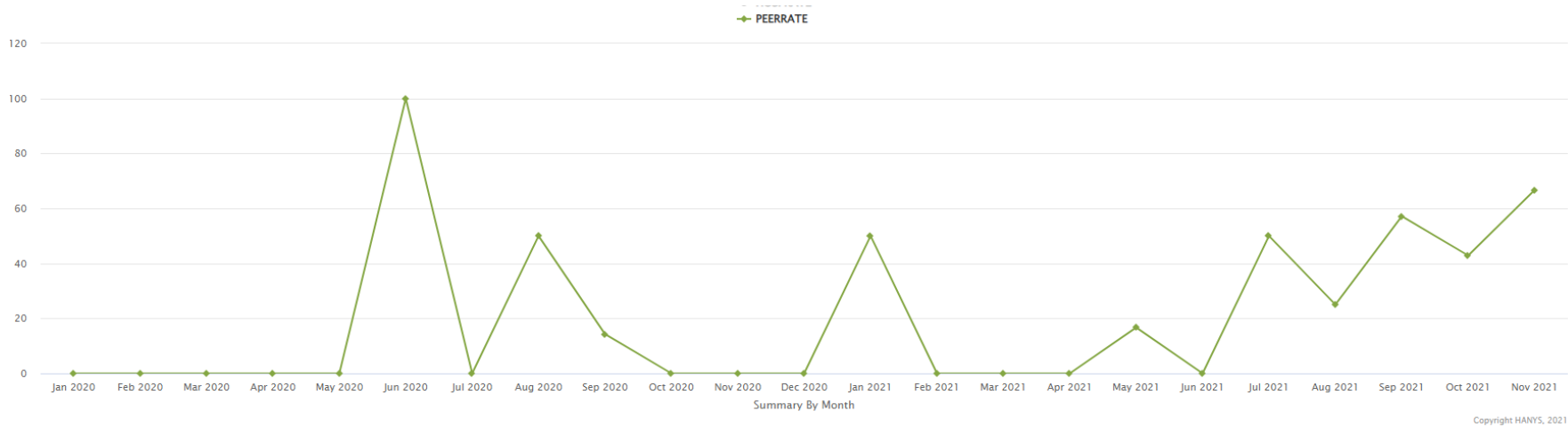


Sepsis mortality rate

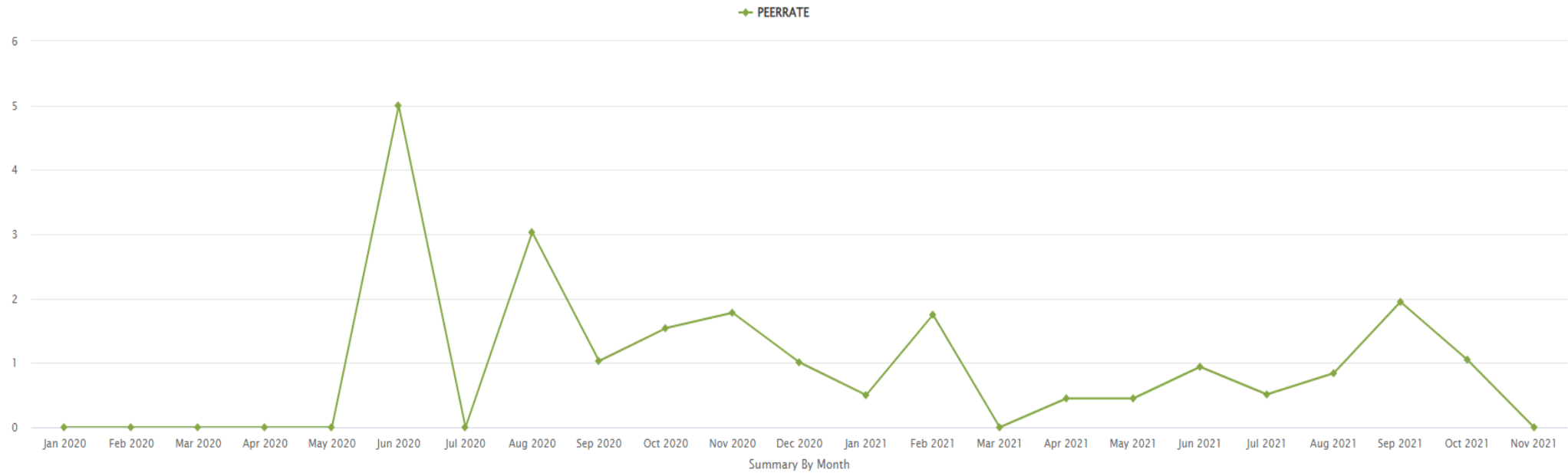


All payers

Medicare FFS



VTE rate



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Survey: Which initiative to work on?

- Opioids
- Insulin
- PI
- Sepsis
- Other

EQIC website



Review of the EQIC website

<https://qualityimprovementcollaborative.org>



Questions are the path to learning

Thank you.

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