

IMPROVING QUALITY SCORES, STAFF MORALE, AND THE FINANCIAL BOTTOM LINE.



Healthcare facilities and clinicians have more challenges and expectations than ever from payers and patients. As reimbursement for services and treatment shifts rapidly from the fee-for-service model to value-based care, facilities and clinicians are relying more and more on data to demonstrate the value and quality outcomes of care. Ultimately, the information from the data is expected to fuel quality improvement initiatives to produce better outcomes and healthier patient populations at lower cost.

Many hospital and clinic staffs face massive challenges to achieve that goal, especially when in-house staff responsible for patient care and quality implementation is also charged with the time-consuming, highly-specialized task of data abstraction. That scenario was vividly reflected at Rainy Lake Medical Center, a 25-bed Critical Access Hospital in northern Minnesota. The hospital's stated mission is to provide affordable, quality healthcare to its communities. Rainy Lake was recently recognized by the Minnesota Department of Health as a Level IV trauma care facility as another indication of the hospital's value to its patients and communities.

Digital Documents and Data Demands.

As Rainy Lake embraces both the state recognition and the needs of patients, the hospital must continue to document it is providing quality care by improving measure performance across the healthcare continuum. Achieving data-driven quality improvement while identifying needed process improvements and implementing enhancements is especially challenging when Rainy Lake professionals – not unlike healthcare staff at even larger hospitals – must maintain a firm, compassionate focus on patients and their care. The challenging environment, therefore, can take a major toll on staff morale.



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When hospitals are not able to dedicate enough resources to data abstraction, they end up with a backlog. Many times these backlogs happen when a decision is made to go with in-house abstraction even though it puts a strain on the internal staff. But eventually breakdowns happen and work piles up. An accumulation of 12 to 18 months, or more, results in a data and abstraction overload that hampers a facility's ability to respond quickly to issues, or make data-driven improvements.

For hospitals that outsource abstraction work — as Rainy Lake discovered — the turnaround time is short, data is much more accurate and actionable, and patient-centered care becomes reality, moving from discussions in huddles to implementation. The decision can also inspire an upswing in staff morale. Internal team members can focus on tasks that bring more value to the hospital, like using data to make strategic quality improvements. Suddenly, team members that were preoccupied with abstraction have more availability to process findings and use data to make a difference for their hospital and patients.

Identifying Issues, Seeking Solutions.

Rainy Lake, which was formerly known as International Falls Memorial Hospital, is a for-profit hospital that has oversight from an elected board of directors. Before the current infection control and quality assurance coordinator — who is also the nurse supervisor — took the position, there had been situations where Rainy Lake was not fully meeting reporting requirements and struggling to meet CMS conditions of participation. Common to many hospitals and clinics, quality directors and coordinators wear many hats and essential training is often limited by time and resources.

Hospital officials explained, “We tried to do it ourselves, but your time is always limited.” They pointed out that keeping up with new information, reporting requirements, and spec manual changes — in addition to the abstraction work — was especially difficult.

Primaris was already providing limited assistance to Rainy Lake for some abstraction demands, but the list of critical issues and the growing drive to perform more measures led to a higher need for expert, outside help.

Some of These Continuing Issues Included:

- Salaries for RNs who were also tagged to assist with or lead data abstraction. The outlay was not a good use of resources and potentially hindered patient care.
- Core measures scores in the 50s, which meant no additional dollars in incentive money.
- Low staff morale and the inability to accurately determine who was a high performer and who needed to improve.
- Less time for contact with patients due to data abstraction duties.

Partnering with Primaris.

The Rainy Lake team realized it needed more than limited support. The hospital needed a quality improvement and data abstraction partner. That partner was Primaris. Hospital officials said Primaris' abstraction services yielded positive results for the hospital. There was also a sigh of relief knowing that the abstraction and reports would be accurate, as Primaris achieves an inner-rater reliability (IRR) of 95 percent or greater. Limited staff and time, similar to many hospitals, hindered Rainy Lake's ability to perform this task.

The partnership with Primaris has also allowed Rainy Lake to say goodbye to low quality scores.

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“It has shown a huge improvement in our scores,” with those tallies now in the 90s and higher, officials said. Plus, additional revenue boosted the bottom line. “We have actually seen quality incentive payments come back to us.”

In a new payment and care environment that emphasizes quality and outcomes over volume, the partnership has been especially fruitful.

“More staff means more money, so we are ultimately saving money by not having a need for continued abstraction education, as well as not needing to pay for other fringe benefits that come with employment such as vacation, sick time, and retirement,” Rainy Lake officials. “When abstracting took such a huge amount of our time, we just felt like we weren’t using our higher-educated staff properly.” RNs are now providing patient care and education without splitting their time and attention with data abstraction and up-to-date training.

“In the long run, everybody’s just going to be better off. The outcome is better on all ends,” for both nursing staff and patients, the quality coordinator said. “What the patient – the customer – gets out of it is great, evidence-based medicine; the best possible care we can provide so you can have a better outcome.”

Primaris Provides Abstraction Services to Rainy Lake for the Following: Core Measures

- Inpatient Emergency Department and Immunizations (Influenza)
- Outpatient Emergency Department-Throughput
- Outpatient Chest Pain (CP)
- Outpatient Acute Myocardial Infarction (AMI)
- Outpatient Stroke

Minnesota (MN) Stroke Registry

Emergency Department Transfer Communication (EDTC) Measure

MNCM (Minnesota Community Measures)

- Colorectal Cancer Screening
- Depression Care (Major Depression or Dysthymia Diagnosis)
- Total Knee Replacement
- Pediatric Preventive Care: Adolescent Mental Health Depression

How It Worked.

Primaris abstracts medical records from various electronic and paper chart databases and provides summary reports back to Rainy Lake on measure compliance, as well as providing education on what the hospital could do to enhance quality scores. The data that is captured ultimately contributes to outstanding ratings in the national registries.

“Primaris serves a vital role ensuring quality care by helping to improve measure performance across the realm of the healthcare continuum,” officials reported. “The impact is evident when comparing our national scores against those of other organizations.”

Consider Two More Time-Relieving, Stress-Reducing Aspects of the Partnership:

1. Measures were completed early, meaning Rainy Lake was never pressed with a tight reporting deadline.
2. The abstraction team “went above and beyond” and assisted the quality assurance team and staff during audits with governing bodies by extracting and providing the information requested.

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Major Boost For Staff Morale.

The relationship with Primaris has also reinvigorated staff morale. The picture was bleaker before Rainy Lake partnered with Primaris.

"Our morale is pretty tough. Sometimes they just feel like they're going through the motions," the quality coordinator said. High performers weren't being recognized; poorer performers weren't identified or additional training. Now, the data and reports clearly identify high- and low-performers, which results in recognition for the former and private conversations and additional training for the latter. Better understanding of the nuts and bolts of quality measures has also had a noticeable, positive affect for staff.

The data and feedback from Primaris abstraction teams identify strengths and areas of concern that need improvement, or as officials described it, "Here's the performance, here's where we're hitting the marks, here's where we're missing out, and here's where we need to improve. It's been very helpful."

The infusion time previously devoted to abstraction and related training has been put to optimal use.

"It has really allowed us to focus more on helping our staff understand what the quality measures are, to help them achieve high scores, and to understand what the measure requirements look for," the coordinator said. The partnership has afforded Rainy Lake valuable time to focus on educating staff and implementing new plans and procedures to ultimately provide outstanding patient care.

In Conclusion.

Hospital leaders like the sense of accomplishment that comes from confidence in the data abstraction and reporting, which is reflected in vastly improved scores.

"It's the intention of what's behind quality care," officials said. "You accomplished the goal of everybody understanding and performing better. And they want to perform better ... and now they understand the reasons for the measures." With time to do process improvements and internal education about patient care, rather than data abstraction rules, the aim of excellent patient care is more attainable.

The business relationship with Primaris also blossomed into a deep, meaningful partnership among people.

"What a great resource," the coordinator said. "The Primaris staff is not just a voice on the other end of the phone or computer. They are our friends. They are concerned just as much with my well-being as a person as they are with our financial and clinical well-being as a facility."

OUR PARTNERSHIP RESULTED IN...



Incentive
Payments



Higher
Quality
Score



Increased
Staff
Morale



Accurate
Data



Early
Submissions