



GA FLEX Quality Improvement Project Monthly Meeting

August 26, 2025

Agenda

- Welcome
- Upcoming Events
- MBQIP Core Measure Set and Information Guide
- Safe Use of Opioids
- Hospital Action Plans “Quality Council”
- Project Timeline Updates
- Resources
- Q&A/Wrap Up



GA FLEX Improvement Project Lead



Melody "Mel" Brown, MSM

State Quality Manager - Georgia

melody.brown@allianthealth.org

Melody has over 40 years of health care experience, including varied roles at Alliant Health Solutions, where she works on the CMS contracts for Alliant Health Solutions. As Georgia's state quality manager, she focuses on quality improvement processes and implementing interventions for health care entities throughout the state.



Hospital Action Plan

Liberty Regional Medical Center

Health Equity Lead Donna M. Crosby, RN

Goal: Through data collected, evaluated, will provide innovative health services for patients experiencing food insecurities.

Goal: Provide innovative, ethical, and respectful health services for patients experiencing transportation issues

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
Collect data, evaluate and the number of patients that test positive for experiencing food insecurities	Ongoing	1. To provide resources to patients screening positive.	1. That we have in our community many different organizations that will assist with food insecurities. We just have to get the information to our patients.
Collect monthly the data to develop a plan for patients that test positive for food insecurities and transportation issues	In progress	2. Baseline data for food insecurities is: 15 % of inpatients need assistance. Baseline data for transportation is: 18% need assistance.	2. It is extremely difficult to get the transportation needs met.



WILLS MEMORIAL HOSPITAL

2024 Quality Improvement Project



About Us:



For over 100 years, Wills Memorial Hospital (WMH) has touched the lives of families, neighbors, and friends in Wilkes and surrounding counties.

WMH opened its doors at the current location in 1961 as a public, non-profit hospital.

Today, WMH is a 25-bed critical access hospital offering a full range of inpatient and outpatient services.



Quality Improvement Statement

To improve overall patient health outcomes and reduce health care disparities through data-driven health equity interventions and quality service.

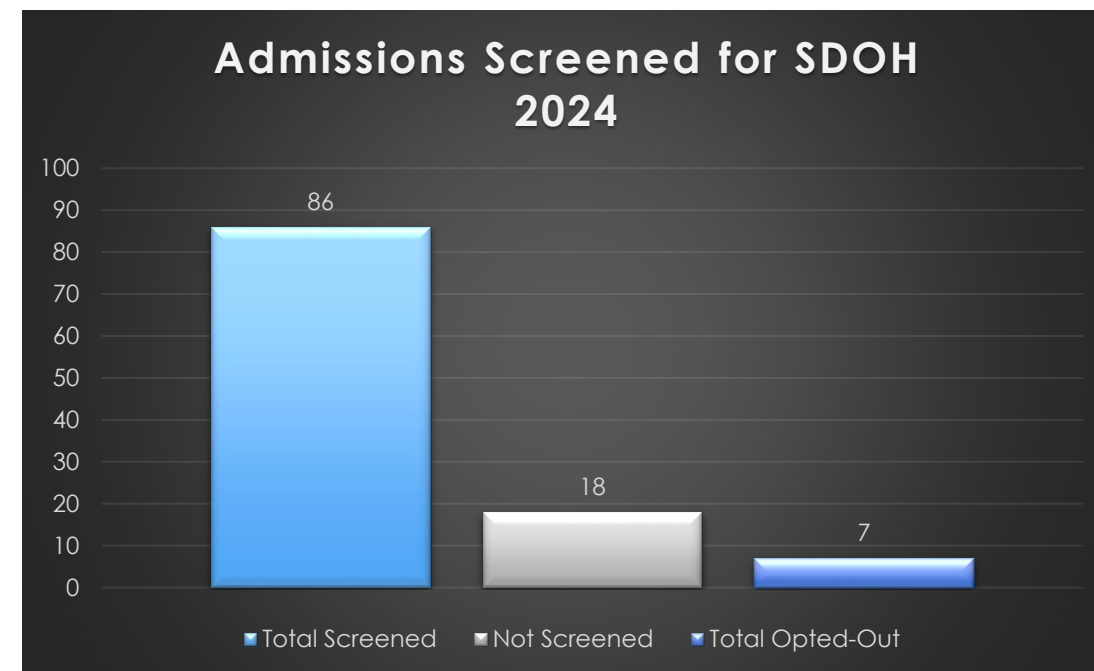
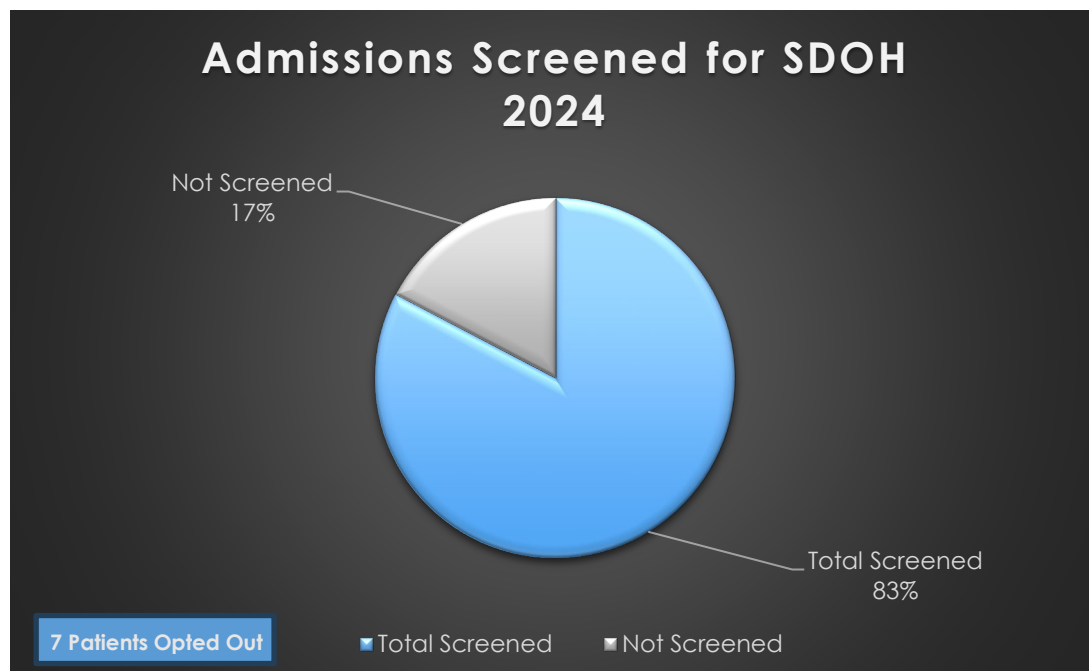


WILLS MEMORIAL
HOSPITAL

2024 Inpatient Admissions

Social Determinants of Health Screenings-SDOH 1

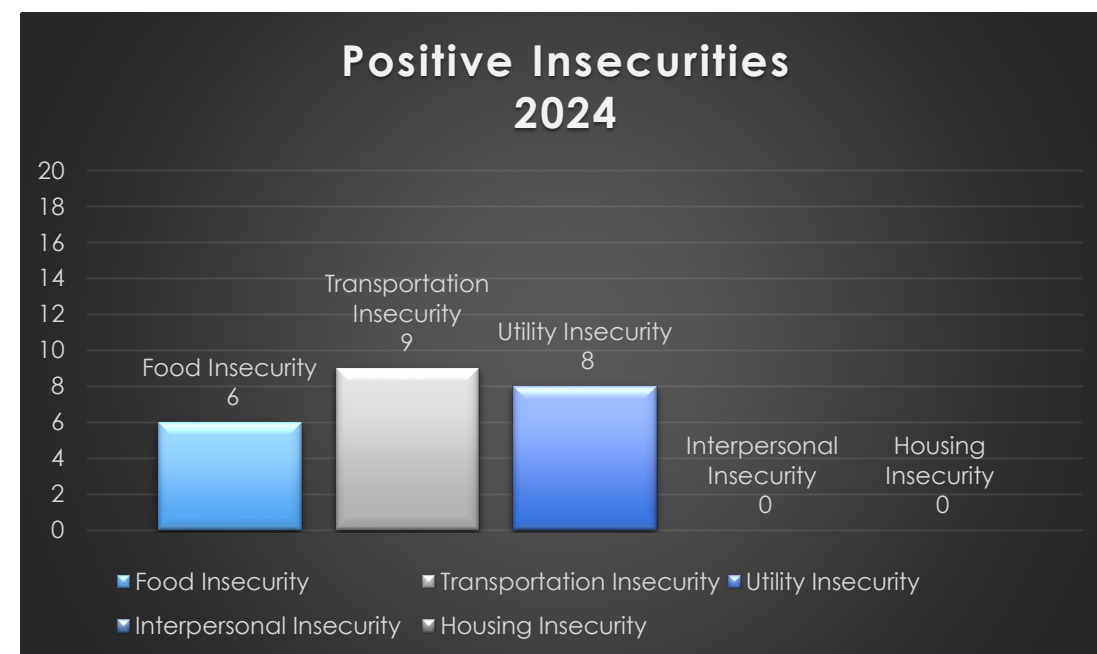
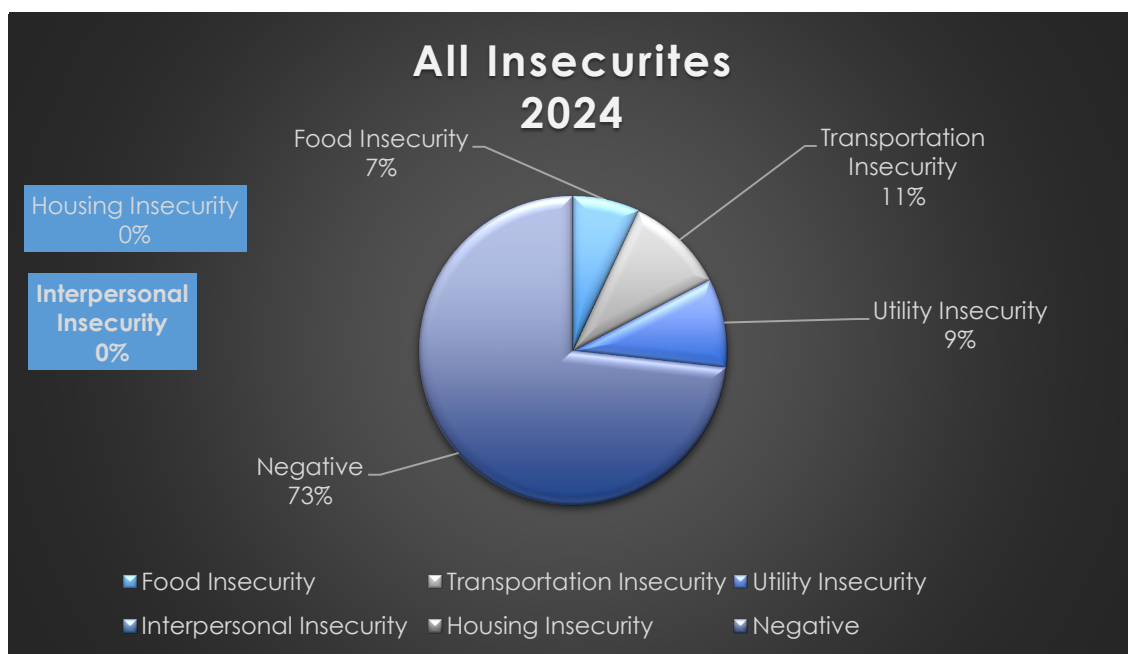
- 111 total inpatient admissions
- 7 patients opted out



SDOH Insecurities

- Total patients Screened= 86
- Positive for Insecurities= 20%
- Positive for 2 or more insecurities=5%

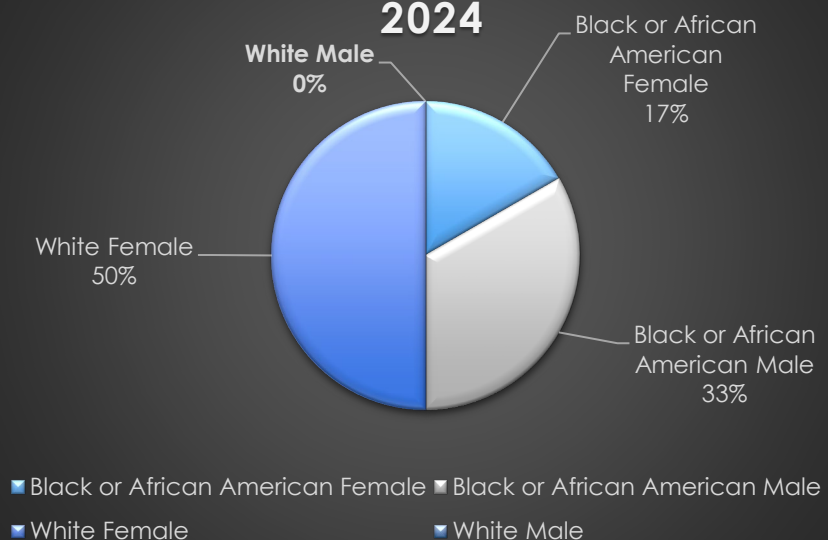
- Through our SDOH screenings we determined that 20% of patients screened were positive for some type of insecurity. Of those, 5% of the patients screened positive for 2 or more insecurities in 2024. We had no insecurities reported for housing or interpersonal during this period.



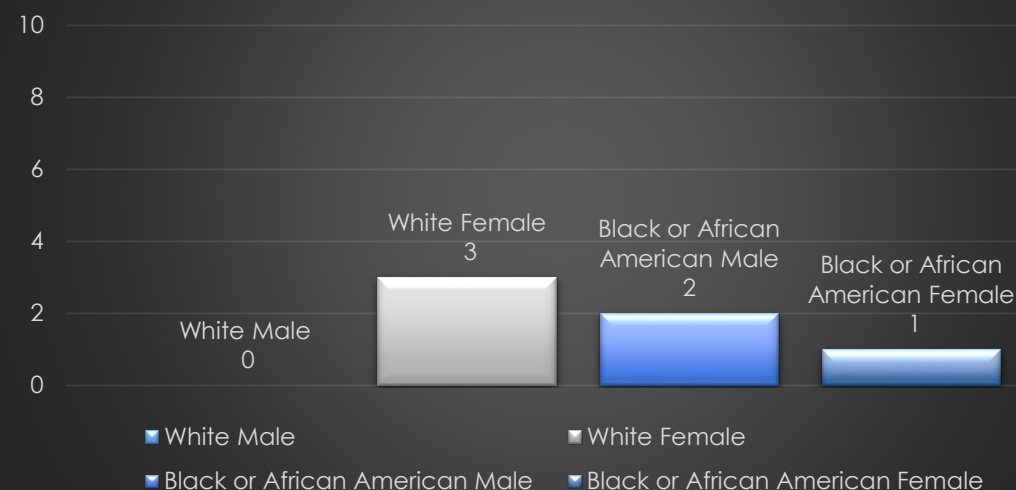
Food Insecurities

- 86 Patients Screened
- 7% positive for Food Insecurity

**Positive Food Insecurity
2024**



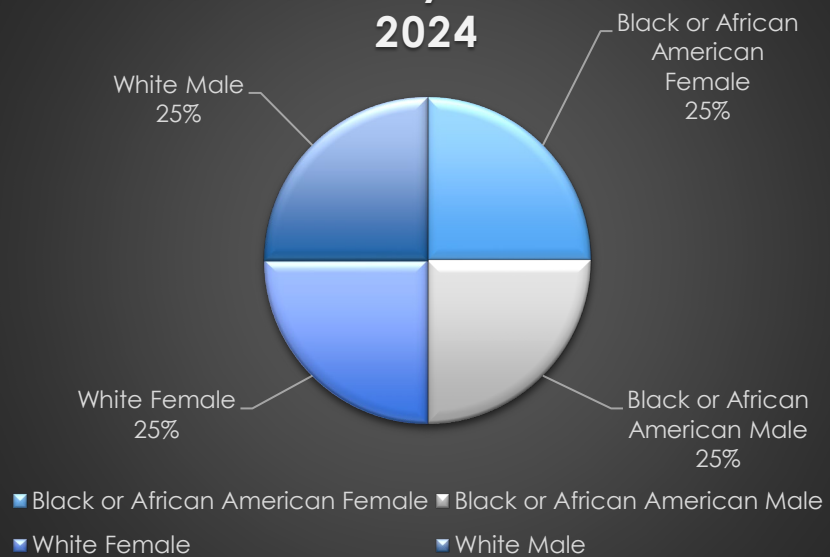
**Positive Food Insecurity
2024**



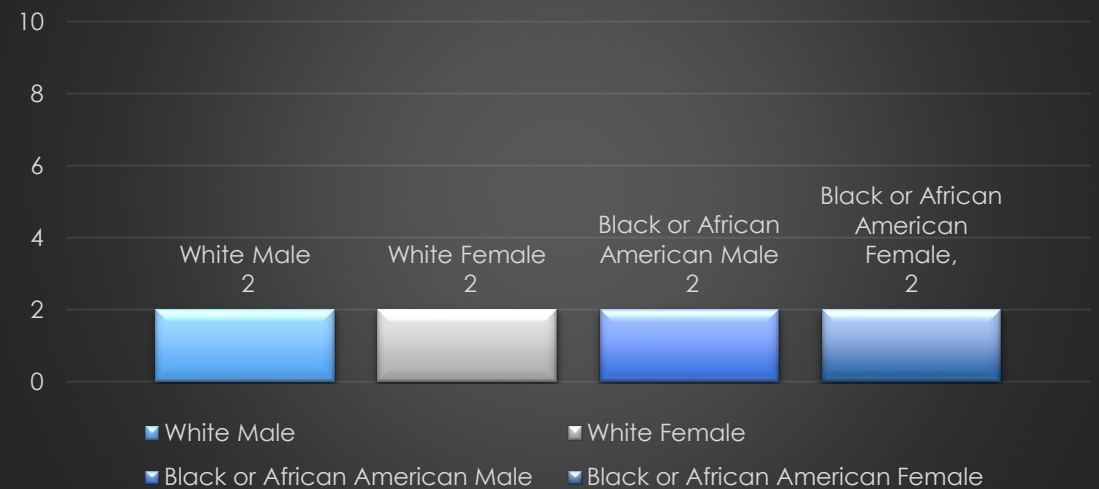
Utility Insecurities

- 86 Patients Screened
- 9% positive for Utility Insecurities

**Positive Utility Insecurities
2024**



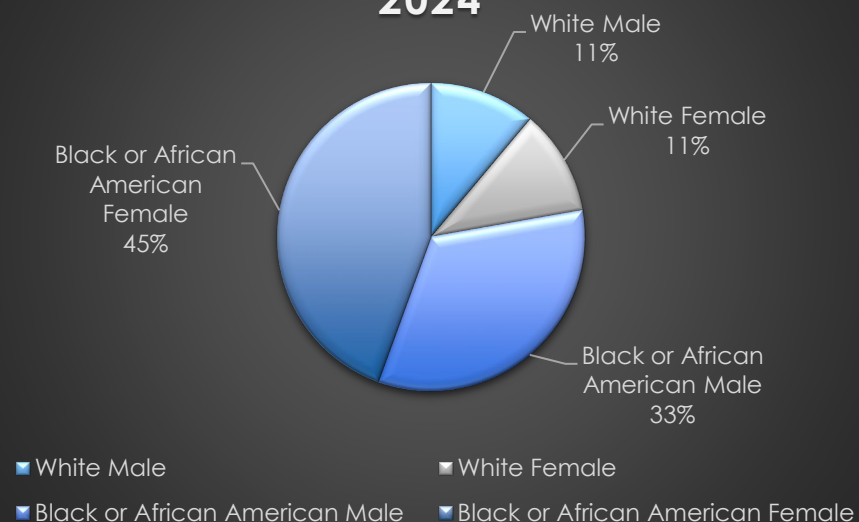
**Positive Utility Insecurity
2024**



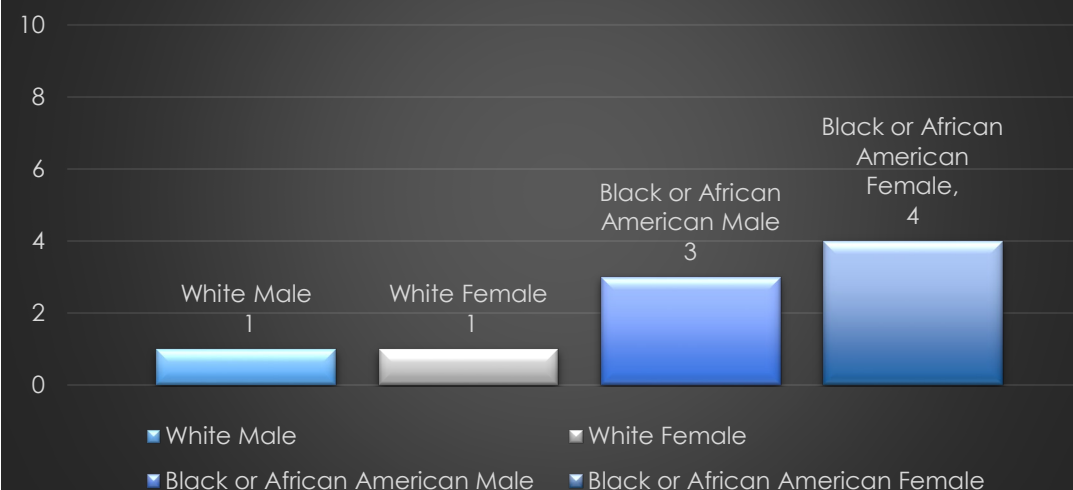
Transportation Insecurities

- 86 Patients Screened
- 10% positive for Transportation Insecurity

**Positive Transportation Insecurity
2024**



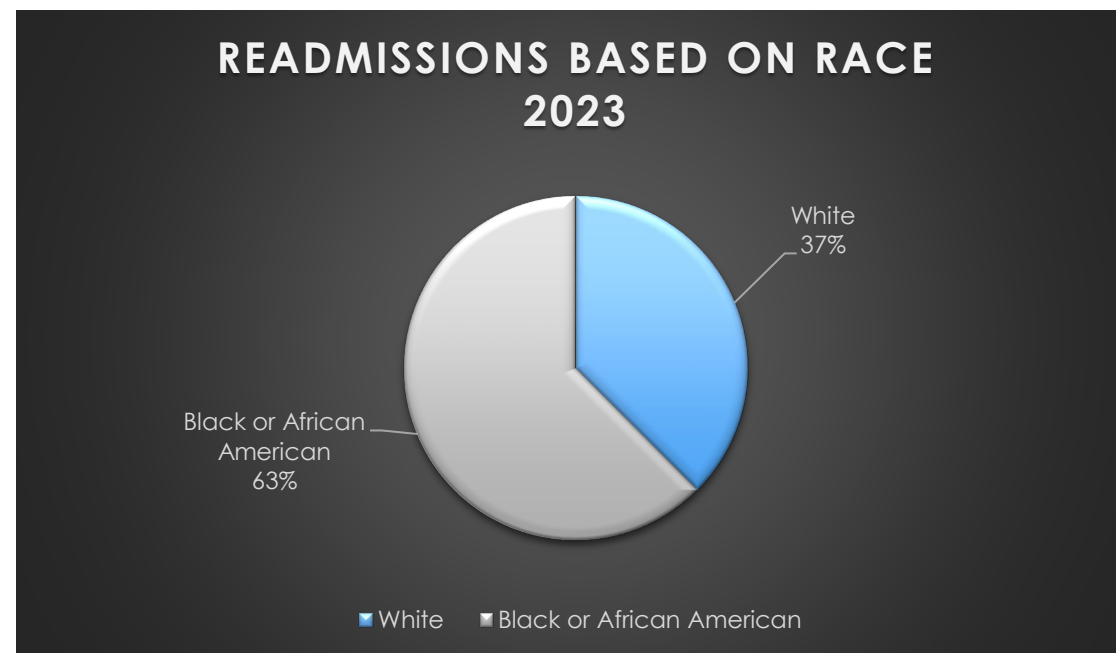
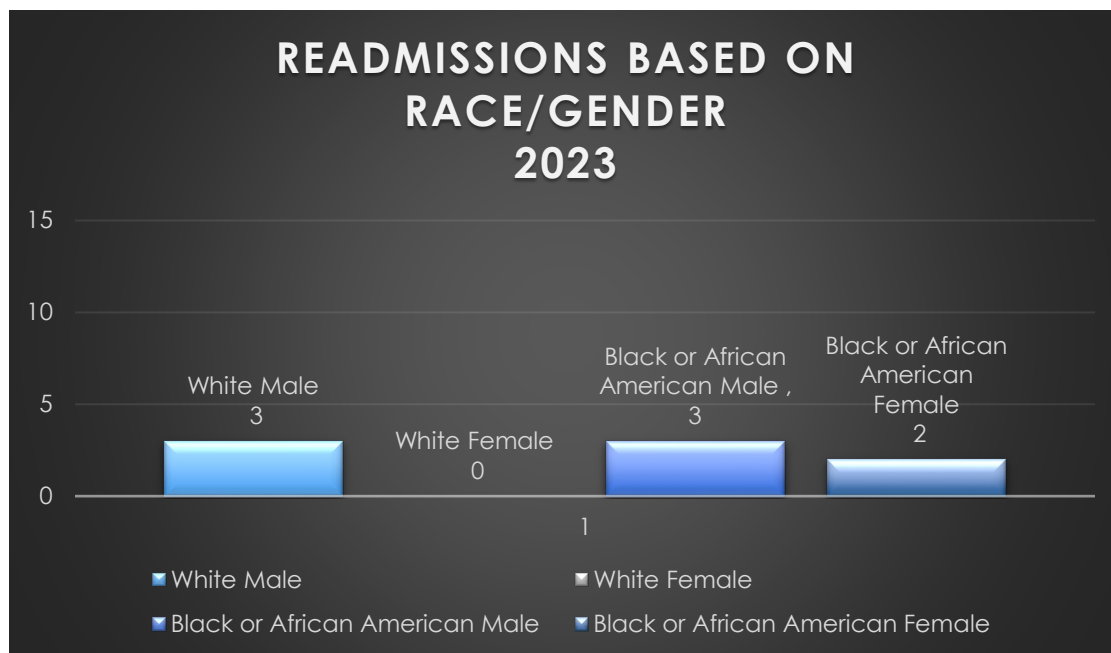
**Positive Transportation Insecurity
2024**



2023 Inpatient Readmissions

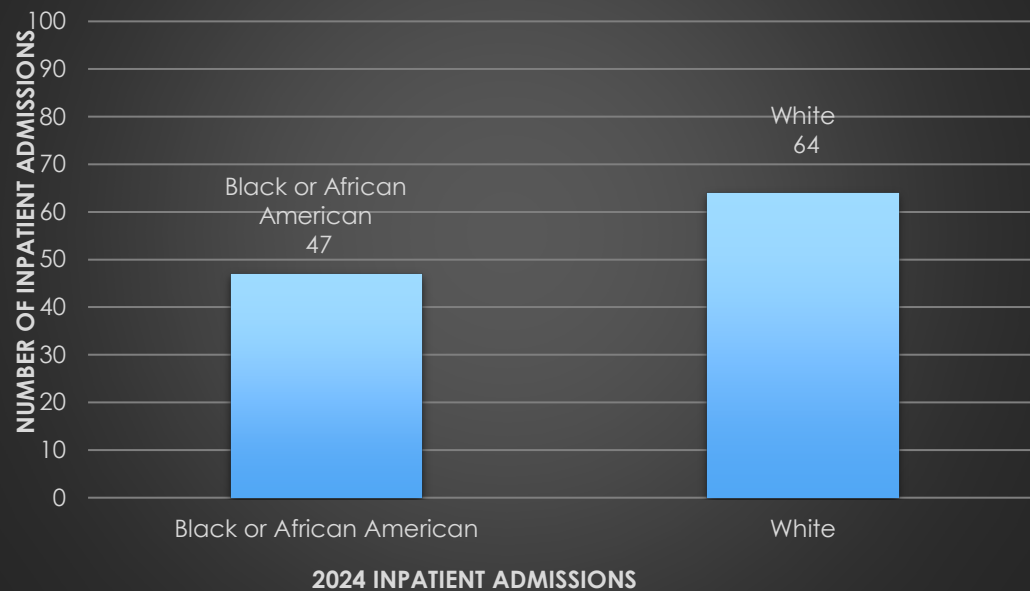
- 139 Total Inpatient Admissions
- No formal SDOH screenings
- Readmission Rate= 5.75%

- Goal: Focus on readmissions of black/African American patients and conduct best practices to prevent readmissions
- **Priority Population= Black/African American patients with a respiratory diagnosis**

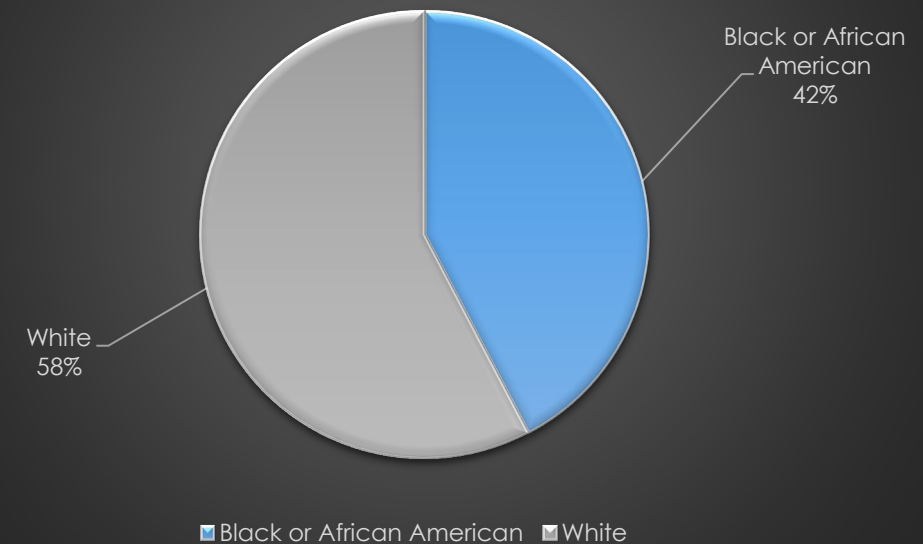


2024 Inpatient Admissions

**Admissions based on Race
2024**



**Admissions Based on Race
2024**

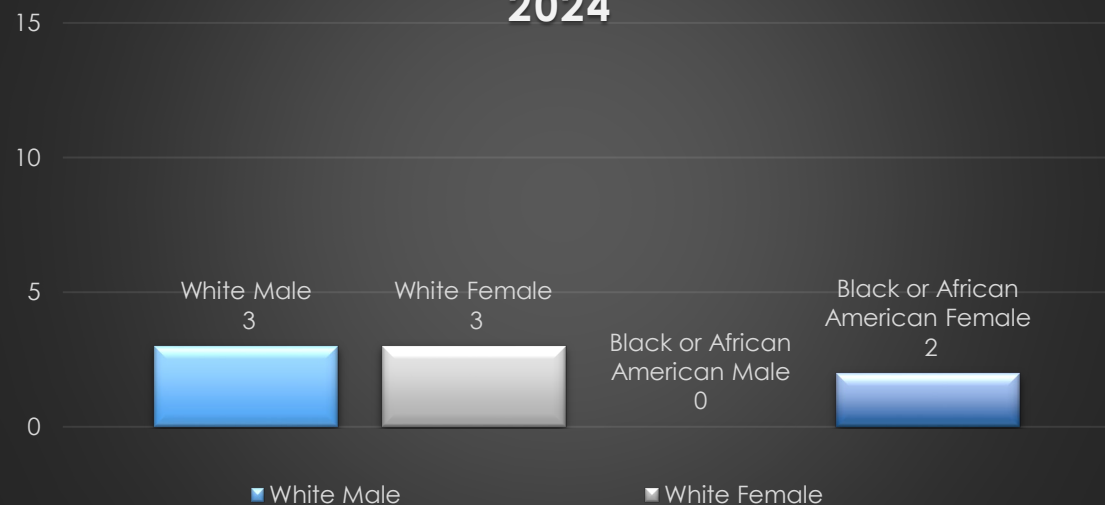


2024 Inpatient Readmissions

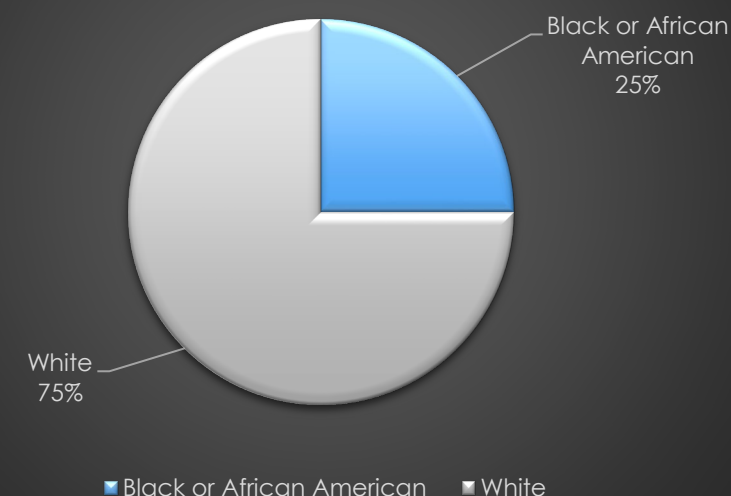
- 111 Total Inpatient Admissions
- SDOH Screenings= 83%
- Readmission Rate= 7.0%

- Goal: Focus on readmissions of black/African American patients and conduct best practices to prevent readmissions
- Our overall readmission rate increased but our priority population of black/African American patients with a respiratory diagnosis decreased.

READMISSIONS BASED ON RACE/GENDER 2024

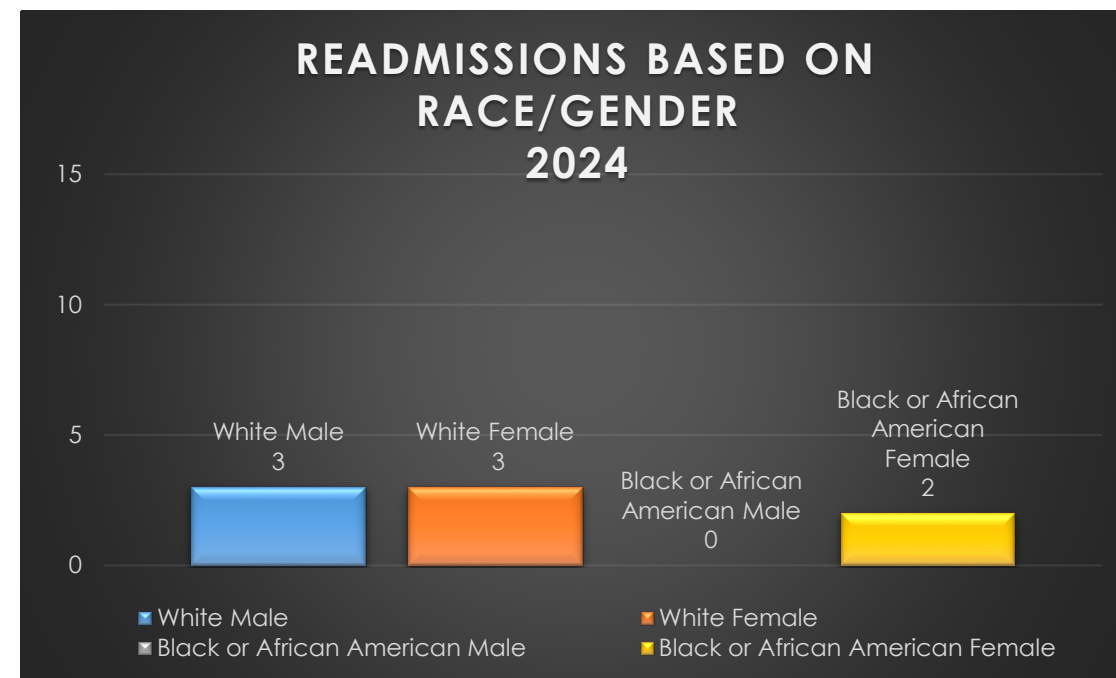
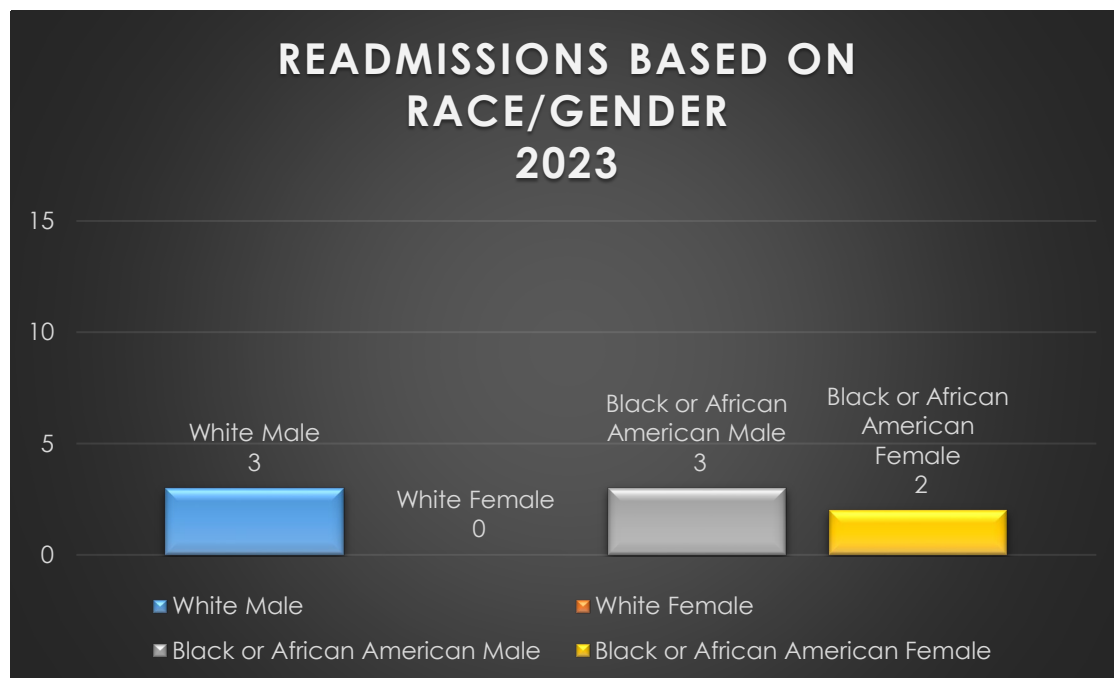


READMISSIONS BASED ON RACE 2024



Readmission Comparison

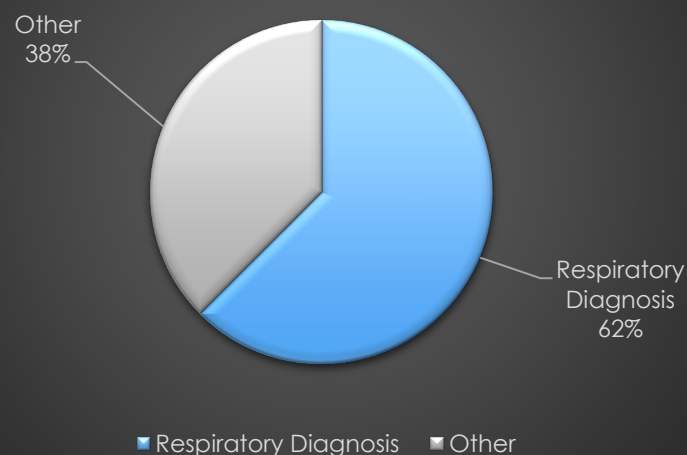
- Decrease in our priority population of Black/African American Male readmissions
- Increase in our white population readmissions



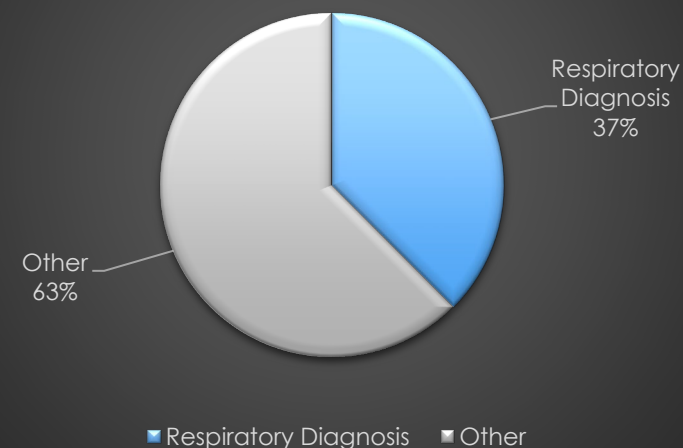
Readmission Diagnosis Comparison

Readmissions for respiratory related diagnosis decreased by 25% from 2023 to 2024

**2023 Readmission-Respiratory
Related Dx**



**2024 Readmission-Respiratory
Related Dx**



Interventions

- Screened all patients for SDOH using ACH Screening Tool
- Social worker consults for all patients being admitted
- All respiratory diagnosis patients were referred to our Pulmonary Rehab Program
- Home visits from primary care
- SDOH resource sheet created and given to patients prior to discharge if they screened positive for any SDOH insecurity.
- Increased our Telehealth services on our inpatient population
- Increased the use of our local transit and 1 Uber in our county.

Quality Improvement Project Wins

- Able to collect and report on SDOH 1 and SDOH 2
- Decreased Black/African American readmission rate by 21% from 2023-2024
- SDOH positives had no correlation on readmits in 2024
- Reduced respiratory related readmissions by 25%
- In compliance with Joint Commission National Patient Safety Goal regarding health equity



Bacon County Hospital and Health System

Commitment to Health Equity
S.O.S. Samaritans of Society

Jennie Johnson, RN, Case Management/Clinical Compliance

Services Provided

- Bacon County Health System - 25 Bed Critical Access
- Labor and Delivery, General Surgery, GI, Cardio/Stress Test, Vascular Surgery, ICU Beds, Swing Bed, GI, Sleep Center
- Twin Oaks Nursing Home
- Bacon County Community Care Center
- Nicholls Family Healthcare
- South Ga. Physicians Group
- ABC Child Development/ Early Head Start
- Bacon County Rehab Center
- Bacon County Hospital Pulmonary Rehab Center



Goal 1: Developing and improving process to meet community needs of uninsured population

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
Staff Meeting Sept 2023 Developed Process	In progress	Community Uninsured 19%	<ul style="list-style-type: none"> Insurance broker
Market Place Referrals Indigent Care Presumptive Medicaid Emergency Medicaid- Hispanic OB Deliveries	In progress	Baseline: 12% of Admitted inpatients were uninsured	<ul style="list-style-type: none"> Additional Staffing after hours, weekends for assistance with enrollment.
2025 Goal: Decrease uninsured admitted patients by 5%	In progress	Final result: 7% of admitted inpatients were uninsured Inpatient uninsured decreased by 7%.	

Goal 2: Educate and increase awareness of behavior/mental health needs and resources

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
<ul style="list-style-type: none"> Ga Flex Engagement Workshops: Family Resilience Training, Adolescent Behavior. Staff, Community Youth Mental Health First Aid, Staff, Community 	Complete	Staff and Community attended and participated in the brain game. Strengthened community leaders relationship for mental/behavioral health	<ul style="list-style-type: none"> HOPE: Health outcomes positive experience. ACE's- Adverse Childhood Experience's
<ul style="list-style-type: none"> BCH: Held system wide mandatory staff education raising awareness of SDOH and development of the S.O.S. Team. Employee Health Fair 	On going Annually	Quality Speaks: Mandatory staff education, Goal 100% 2022: Substance abuse ranked 1 st	<ul style="list-style-type: none"> Increased awareness of need of resources Tremendous response and involvement
<ul style="list-style-type: none"> Community Health Needs Assessment Behavior Health needs/Quality of Life 	Every 3 years	2025: Depression/Anxiety ranked #2	<ul style="list-style-type: none"> Improvement made

Family resilience Training Building a Brain





Goal 3: Developing and improving process to meet food insecurity for admitted patients

Action Plan/Steps	Status	Performance Outcomes (baseline, trending, or target goal)	Lessons Learned
<p>2024- Bacon County was assigned food group of 5 CAH</p> <p>Local Food Bank Local Church Support Bacon County Senior Center Area Agency on Aging</p>	Ongoing	<p>2024: 27% SDOH Admitted Inpatient, food insecurity</p> <p>Good response</p>	<ul style="list-style-type: none"> • Willing to help • Meals • Waiting list
2025- SDOH Admitted Inpatient – screening of patients who agree to participate	Continue to collect data on patient needs for food and other disparities	<p>2025 current: 18% SDOH, food insecurity</p> <p>Decreased SDOH food insecurity by 9%</p>	<ul style="list-style-type: none"> • Increased Church involvement

Discharge Planning

findhelp.org

Find Help is a web site designed to connect you to support for financial assistance, food pantries, medical care, and other free or reduced-cost help. Scan the barcode below to visit the website to find help.



S.O.S.
Samaritans of Society

SDOH	
Which Domains were addressed for patient needs?	<input type="checkbox"/> Food <input type="checkbox"/> Housing <input type="checkbox"/> Utilities <input type="checkbox"/> Transportation <input type="checkbox"/> Safety
Referrals and interventions Comment	<div style="background-color: yellow; transform: rotate(-30deg); padding: 10px; display: inline-block;">Documentation</div>

MBQIP 2025 Measure Core Set Information Guide Version 2.2

Measures in gold denote **^new measures added for MBQIP reporting within the Flex Program** and are to be added to reporting data by calendar year 2025.

Measures in ***blue** denote **existing measures within the MBQIP Flex Program**.

MBQIP 2025 Core Measure Set				
Global Measures	Patient Safety	Patient Experience	Care Coordination	Emergency Department
^CAH Quality Infrastructure <i>(annual submission)</i> Hospital Commitment to Health Equity Add in Sep 2025	*HCP/IMM-3: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) <i>(annual submission)</i> *Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey <i>(annual submission)</i> ^Safe Use of Opioids (eCQM) <i>(annual submission)</i>	*Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) <i>(quarterly submission)</i>	^Hybrid Hospital-Wide Readmission <i>(annual submission)</i> ^Social Drivers of Health Screening <i>(annual submission)</i> ^Social Drivers of Health Screening Positive <i>(annual submission)</i>	*Emergency Department Transfer Communication (EDTC) <i>(quarterly submission)</i> : *OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients <i>(quarterly submission)</i> *OP-22: Patient Left Without Being Seen <i>(annual submission)</i>

https://quality.allianthealth.org/wp-content/uploads/2025/04/MBQIP-2025-Information-Guide_v2.2_508.pdf

Safe Use of Opioids

Measure Name – Safe Use of Opioids – Concurrent Prescribing	
MBQIP Domain	Patient Safety
Encounter Period	Calendar Year (January 1, 20XX – December 31, 20XX)
Submission Deadline	February 28, 20XX ; Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable.
Measure Description	Proportion of inpatient hospitalizations for patients 18 years of age and older prescribed, or continued on, two or more opioids, or an opioid and benzodiazepine concurrently at discharge.
Measure Rationale	Unintentional opioid overdose fatalities have become an epidemic and major public health concern in the United States. Concurrent prescriptions of opioids, or opioids and benzodiazepines, places patients at a greater risk of unintentional overdose due to increased risk of respiratory depression. Patients who have multiple opioid prescriptions have an increased risk for overdose, and rates of fatal overdose are ten (10) times higher in patients who are co-dispensed opioid analgesics and benzodiazepines than opioids alone. A measure that calculates the proportion of patients with two or more opioids or opioids and benzodiazepines concurrently has the potential to reduce preventable mortality and reduce costs associated with adverse events related to opioids.
Measure Program Alignment	Safe Use of Opioids is a current measure of the Medicare Promoting Interoperability (PI) Program. Critical access hospitals must meet PI Program requirements on an annual basis to avoid a downward payment. One of the program requirements is submission of electronic clinical quality measures (eCQM) data from certified electronic health record technology (CEHRT).

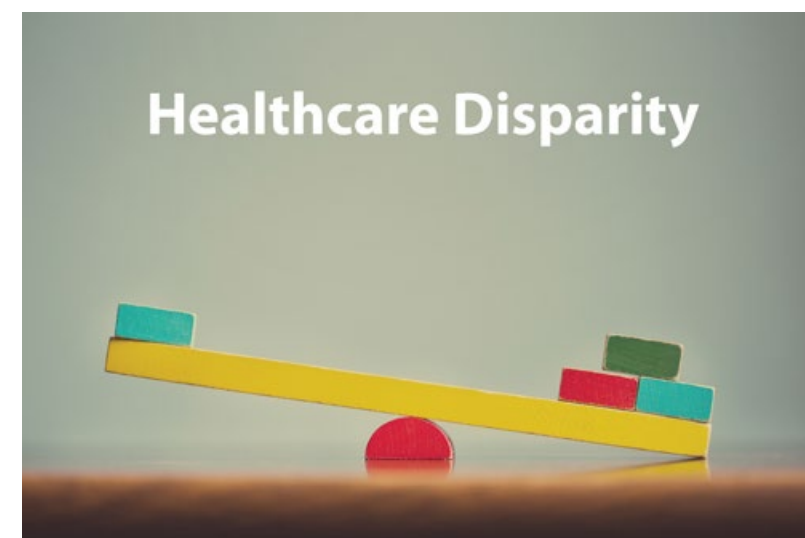
Improvement Noted As	Decrease in the rate
Numerator	Inpatient hospitalizations where the patient is prescribed or continuing to take two or more opioids or an opioid and benzodiazepine at discharge.
Denominator	Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.
Exclusions	Inpatient hospitalizations where patients have cancer pain that begins prior to or during the encounter or are ordered or are receiving palliative or hospice care (including comfort measures, terminal care, and dying care) during the hospitalization or in an emergency department encounter for observation stay immediately prior to hospitalization, patients receiving medication for opioid use disorder, patients with sickle cell disease, patients discharged to another inpatient care facility or left against medical advice, and patients who expire during the inpatient stay.
Measure Population (Determines the cases to abstract/submit)	Inpatient hospitalizations that end during the measurement period, where the patient is 18 years of age and older at the start of the encounter and prescribed one or more new or continuing opioid or benzodiazepine at discharge.
Sample Size Requirements	No sampling – report all patients that meet data elements
Calculations	Numerator divided by Denominator
Data Source	Certified electronic health record technology (CEHRT)
Data Collection Approach	Electronic Extraction from EHRs via Quality Reporting Document Architecture (QRDA) Category I File
Measure Submission and Reporting Channel	Annually, via Hospital Quality Reporting (HQR) Secure Portal as any combination of: QRDA Category I File, zero denominator declarations and/or case threshold exemptions (<=5 cases in the reporting quarter)
Data Available On	<ul style="list-style-type: none"> • CMS Care Compare • CMS Provider Data Catalog
Measure Resources	<ul style="list-style-type: none"> • RQITA Website: Safe Use of Opioids Concurrent Prescribing • Critical Access Hospital eCQM Resource List National Rural Health Resource Center (ruralcenter.org)

Safe Use of Opioids

- What are your challenges, barriers, needs?
- What would be most beneficial to assist with this measure?

Domain 3: Data Analysis Components

1. Key performance outcome (or process of care measure), e.g., 30-day readmissions, mortality
2. **Stratify priority population**
 1. REaL, e.g., race
 2. SDOH, e.g., transportation
3. Display gaps in dashboard or current way of internal review of quality measures
4. What's currently on your hospital quality dashboard? Readmissions, mortality, length of stay
5. Active quality improvement teams
6. Use charts and graphs
7. Benchmarking against industry standards



**Show the
Health Disparity**

Quality Council Schedule

Prior to May	5/27	6/24	7/22	8/26
Jeff Davis	Jasper Memorial	Monroe County	Warm Springs	Wills Memorial
Morgan Medical	Atrium Peach		SGMC-Lanier	Bacon County
Candler County	Archbold Brooks			Liberty Regional Medical Center
Chatuge Regional	Elbert Memorial			

Project Timeline

Date	To-Do List
August 26	<ul style="list-style-type: none"> □ Wrap up SDOH discussions/overview of Action Plans □ Prepare for next phase: Safe Use of Opioids
September 23	<ul style="list-style-type: none"> □ Kickoff for Safe Use of Opioids



Email melody.brown@allianthealth.org to schedule a meeting.

Alliant Health Website and GA Flex Resources

<https://quality.allianthealth.org/ga-flex/>



GA Flex Resources



Hospital Resources

[Medicare Beneficiary Quality Improvement Project \(MBQIP\) 2025 Measure Core Set Information Guide – Version 2.2 – 3.1.2025](#)



[The Rural Quality Improvement Technical Assistance \(RQITA\) Resource Center](#)



Safe Use of Opioids

[Safe Use of Opioids – Concurrent Prescribing](#)



Social Determinants of Health (SDOH)

[Screening for SDOH Measure and the Screen Positive Rate Measure](#)



[FAQs Social Determinants of Health \(SDOH\) Measures](#)



[Discharge Referral List](#)



[Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes](#)



[Show More](#)

Resources

1. The Rural Quality Improvement Technical Assistance (RQITA) Resource Center: <https://www.telligen.com/rqita/>
2. Rural Health Information Hub website: <https://www.ruralhealthinfo.org/>
3. Rural Health Research Gateway: <https://www.ruralcenter.org/>



Questions?

