



# Value Based Purchasing

## *Best Practice Tool*

This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. QN-11SOW-D.1-01082019-01





## Introduction

Health Services Advisory Group (HSAG) designed this resource to provide facilities with a selective summary of best practices for the Centers for Medicare & Medicaid Services (CMS) Value-Based Purchasing Program measures. Best practices have been shown through research and experience to reliably lead to desired outcomes, and that is recognized or recommended as a standard appropriate for widespread adoption. The best practices featured here have been taken from several sources, summarized into this singular guide.

# VBP Best Practice Tool

## Table of Contents

Clinical Care Domain .....	Page 3
Safety Domain .....	Pages 4–5
Efficiency and Cost Reduction Domain.....	Page 6
Person and Community Engagement Domain .....	Pages 7–10
Person and Community Engagement Resource .....	Pages 11
Resources .....	Page 12

### Acute Myocardial Infarction (AMI), Heart Failure (HF), Pneumonia (PN) Mortality

#### Suggested Best Practices—Preventative

- Perform standardization of High-Risk Medications (HRMs).
- Promote the presence and use of hospitalists and intensivists.
- Use multidisciplinary teams to provide patient care and share daily goal sheets.
- Implement ventilator bundle, as appropriate.
- Implement Situation, Background, Assessment, Recommendations (SBAR) communication.
- Implement rapid response teams.

#### Suggested Best Practices—Retrospective Mortality Review

- Implement 100 percent mortality record/case review.
- Present case to peer review committee to determine any follow-up actions.
- Engage in action planning.
- Evaluate effectiveness of actions.

#### Sources:

Agency for Healthcare Research & Quality. Selected Best Practices and Suggestions for Improvement. Available at: [https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/d4n\\_combo\\_iqi-mortalityreview-bestpractices.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/combined/d4n_combo_iqi-mortalityreview-bestpractices.pdf).

Institute for Healthcare Improvement. Reducing Hospital Mortality Rates (part 2). 2005.

Available at: <http://www.ihl.org/resources/Pages/IHIWhitePapers/ReducingHospitalMortalityRatesPart2.aspx>.

### Total Knee Arthroplasty (TKA)/Total Hip Arthroplasty (THA) Complications

#### Suggested Best Practices

- Apply early mobility physical therapy.
- Apply Continuous Passive Motion (CPM).
- Implement thromboembolism prevention.
- Introduce mechanical and/or chemical prophylaxis.
- Assess for fall risk.
- Implement prevention of nerve injuries.
- Introduce patient education.
- Evaluate signs and symptoms (S/S) of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE).
- Implement Catheter-Associated Urinary Tract Infection (CAUTI) bundle.

#### Sources:

Medicare.gov. Hospital Compare. Complication Rate for hip/knee replacement patients.

Available at: <https://www.medicare.gov/hospitalcompare/data/surgical-complications-hip-knee.html>.

Parker, R. Evidence-based practice: Caring for a patient undergoing total knee arthroplasty. *Orthopaedic Nursing*. 2011; 30: 4–8.

Available at: [https://journals.lww.com/orthopaedicnursing/Abstract/2011/01000/Evidence\\_Based\\_Practice\\_\\_Caring\\_for\\_a\\_Patient.3.aspx](https://journals.lww.com/orthopaedicnursing/Abstract/2011/01000/Evidence_Based_Practice__Caring_for_a_Patient.3.aspx).

# Safety Domain

## CAUTI, CLABSI, MRSA, CDI, PC-01 and SSI-Colon, and Abdominal Hysterectomy Surgeries

### PC-01

#### Suggested Best Practices

- Use National Healthcare Safety Network (NHSN) Targeted Assessment for Prevention (TAP) strategies at <https://www.cdc.gov/hai/prevent/tap.html>.
- Use TAP reports to focus efforts on units with the greatest proportion of healthcare-associated infection (HAI).
- Use the TAP assessment to identify gaps in knowledge at the level of the frontline staff members.
- Apply hand hygiene.

#### CAUTI

- Assess the Centers for Disease Control and Prevention (CDC) CAUTI Toolkit at <https://www.cdc.gov/hai/prevent/tap/cauti.html>.
- Use evidence-based criteria for insertion.
- Use two-person insertion to maintain awareness of sterile technique.
- Use nurse-driven protocols for removal.
- Evaluate for removal criteria daily.
- Promote use of wicking pads and external catheters/devices.

#### CLABSI

- Assess the CDC CLABSI Implementation Guide at <https://www.cdc.gov/hai/prevent/tap/clabsi.html>.
- Use evidence-based criteria for insertion.
- Use Central Line Insertion Practice (CLIP) protocol for insertion.
- Use maintenance bundles.
- Ensure proper blood culture protocols.
- Evaluate for removal criteria daily.

#### CDI

- Assess the CDC CDI Implementation Guide at <https://www.cdc.gov/hai/prevent/tap/cdiff.html>.
- Initiate antibiotic stewardship.
- Initiate appropriate screening and testing.
- Promote effective and compliant environmental cleaning.
- Promote appropriate contact precautions.

#### MRSA/MDRO

- Assess the CDC MDRO Guidelines at <https://www.cdc.gov/infectioncontrol/guidelines/mdro/index.html>.
- Initiate antibiotic stewardship.
- Promote effective and compliant environmental cleaning.
- Promote appropriate contact precautions.

#### Legend

CLABSI = central line-associated bloodstream infection

MRSA = methicillin-resistant Staphylococcus aureus

MDRO = Multi-Drug Resistant Organism

CDI = Clostridium difficile (C. diff) infection

PSI = patient safety indicator

PC = perinatal care

## Safety Domain

### CAUTI, CLABSI, MRSA, CDI, and SSI-Colon, and Abdominal Hysterectomy Surgeries

#### PC-01

#### Surgical Site Infection (SSI)

- Assess the CDC SSI Guidelines at <https://www.cdc.gov/infectioncontrol/guidelines/ssi/index.html>.
- Perform antimicrobial prophylaxis.
- Perform antiseptic prophylaxis.
- Maintain normothermia.
- Provide oxygenation.

#### PC-01 Best Practice:

- Adopt policies to reduce early-term elective deliveries that may result in health complications.
- Employ the March of Dimes toolkit designed to prevent elective deliveries before 39 weeks gestation; visit <http://www.marchofdimes.com>. This tool kit gives healthcare leaders a “step-by-step guide” for measuring and tracking quality improvement efficacy, educating clinicians, patients and caregivers, and staff members.

Source: The Joint Commission. The Source. July 2013. Vol 11, Issue 7.

Available at: [https://www.jointcommission.org/assets/1/6/S7\\_TS\\_V11\\_N7.pdf](https://www.jointcommission.org/assets/1/6/S7_TS_V11_N7.pdf).

# Efficiency and Cost Reduction Domain

## Medicare Spending Per Beneficiary (MSPB)

### Suggested Best Practices

- Interpret data from your hospital MSPB report.
- Create a multidisciplinary team to identify episode of care variation and opportunities for improvement.
- Understand how the MSPB domain is calculated.
- Evaluate how physician profile analysis may reveal variations in care.
- Maintain efficiency of care prior to admission.
- Minimize readmissions by using post acute care (PAC) discharge strategies, such as, but not limited to:
  - Performing PAC follow-up calls
  - Developing partnerships with home health agencies (HHAs), skilled nursing facilities (SNFs), etc.
- Determine if the readmission was necessary; if care was effective and sufficient; and if the patient was admitted to another hospital.
- Use care transition best practices and care managers.
- Drill down and identify the major diagnostic categories (MDCs) that offer the greatest opportunities for improvements.
- Develop MSPB 30-day care pathways for the MDCs.
- Recognize the impact of hospital-acquired conditions (HACs) on MSPB results.

Source: Schumacher, D., et al. To Increase Efficiency, Decode Medicare Spending Per Beneficiary. HFM Magazine. June 2015. Available at <https://www.hfma.org/Content.aspx?id=31076>.

# Person and Community Engagement Domain

## Hospital Consumer Assessment of Healthcare Providers and Systems® (HCAHPS®) Measures

### Suggested Best Practices

- Ensure consistent behavior of every staff member or leader that a patient encounters in processes across the continuum of care, and in hand-offs with every discipline that supports the patient's care.
- Focus on one survey, one item at a time.
- Note the survey turnaround time.
- Call the patient within 4–7 days of discharge for follow up.
- Note actionable patient comments.
- Share findings among physician and staff member level reports.

## Quietness/Cleanliness

### Suggested Best Practices

- Develop a quietness committee to identify the occurrences of noise.
- Close the patient's door and explain that the action is to reduce noise and increase privacy.
- Dim the lights.
- Reduce nighttime lab draws. If necessary, explain to the patient why.
- Eliminate overhead paging.
- Provide "quiet kits" upon arrival to include headphones or earplugs.
- Ensure Environment of Care rounding.
- Ask patients about cleanliness and quietness in the hospital environment.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

## Doctor Communication

### Suggested Best Practices

- Arrange rounding schedule earlier in the day, and if delayed, notify the patient.
- Encourage other care providers to round with physicians.
- Ask the physician to sit down in the room when speaking with patients.
- Ensure the physician knows the patient's name and not just the room number.
- Encourage the physician to use layman's terminology.
- Encourage the use of "teach back" or the "show me" method.
- Write the physician's name and contact information on the white board.
- Remind physicians to maintain open communication.
- Discuss evidence-based methods to improve communication.
- Provide in-service opportunities for physicians on the Patient Care Experience.
- For non-compliant physicians, use the Medical Executive and Peer Review Committee for assistance.

Sources:

University of North Carolina. Health Literacy for North Carolina. Health Literacy Data Map. Available at <http://www.nchealthliteracy.org/toolkit/tool5.pdf>.

Balfour, W. Physician Communication. iVantage Health Analytics. July 11, 2012. Available at <http://www.ivantagehealth.com/improving-physician-patient-communication/>.



# Person and Community Engagement Domain

## Responsiveness of Hospital Staff Members

### Suggested Best Practices

- Check technical devices, i.e., the call light system, two-way speakers, and nurse-directed communication devices.
- Create no-pass zones.
- Answer patient requests in a timely fashion.
- Go above and beyond what the patient asks for.
- Perform hourly rounding.
- Set expectations for patients and caregivers.
- Provide quick and effective responses to patient needs.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

## Nurse Communication

### Suggested Best Practices

- Use nurse-patient rounding scripts: Acknowledge, Introduce, Duration, Explanation, and Thank You (AIDET).
- Enhance the nurse/patient relationship.
- Use patient whiteboards.
- Coach nurses on effective and compassionate communication.
- Implement bedside shift reporting.
- Perform daily huddles.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

## Medication Communication

### Suggested Best Practices—Pharmacist/Nurse Rounding

- What questions do you have about your medications?
- How are you feeling after taking your medications?
- Since you received the first dose of the medication, what questions do you have?

### Suggested Best Practices—The Teach-Back Method

- What is the name of the medication? (This medication is called \_\_\_\_\_.)
- Why do you need to take it? (It was prescribed for your \_\_\_\_\_ condition.)
- What are the possible side effects of the medication? (The potential side effects are \_\_\_\_\_.)
- Perform a post-admission phone call.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

# Person and Community Engagement Domain

## Discharge Information

### Suggested Best Practices—Caregiver/Family Education

- Show how to provide the needed care at home.
- Indicate what symptoms necessitate a return visit.
- Share information on local resources that can provide help.

### Suggested Best Practices—Discharge Follow-up Phone Calls

- Obtain the best call-back phone number to reach the patient.
- Help to close the loop on care through these calls.
- Provide an opportunity to assess the patient's health status.

### Suggested Best Practices—Care Coordinator

- Work with the patient and healthcare team to ensure a high level of care continuity.
- Ensure that the patient understands the importance of a follow-up visit.
  - Determine the patient's transportation needs to ensure successful return visit.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>

## Care Transitions

### Suggested Best Practices

- Engage in community care collaboration.
- Form a readmission committee.
- Develop care transition programs.
- Explain patient responsibilities.
- Provide staff member education on the HCAHPS® survey questions.
- Provide education and support designed to build confidence in the patient's/family's ability to self-manage.
- Provide medication education via rounding with patients and families.
- Provide timely primary and specialty-care follow up.
- Provide patient education on red flag signs/symptoms indicating a worsening condition.
  - For example, the Zone Tool, located at <https://www.hsag.com/en/search/?q=zone+tools>

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

# Person and Community Engagement Domain

## Overall Rating

### Suggested Best Practices—Post-Discharge Phone Call

- Improve the patient's experience through this call.
- Reduce medication errors through this call.
- Lower readmission rates by making this call.

### Suggested Best Practices—Rounding to Improve Staff Engagement and Morale

- Promote positive patient satisfaction.
- Engage leaders to be regularly involved in patient and staff member rounding, speaking to staff teams and patients.
- Be committed to patient safety and a positive patient experience through rounding.

### Suggested Best Practices—A Patient-Centered Culture

- Increase the likelihood that patients will be highly satisfied with their care.
- Ensure timely patient satisfaction reporting through patient-centeredness.

Source: Huron Studer Group. The Impact of Value-Based Purchasing for Your Organization. Available at <https://www.studergroup.com/industry-impact/value-based-purchasing>.

## Person and Community Engagement Resource

Patient Family Engagement (PFE)	Intent	Must Be In Place To Meet Metric
1. Planning Checklist for Scheduled Admissions	For all scheduled admissions, hospital staff members discuss a checklist of items to prepare patients and families for the hospital stay and invite them to be active partners in care.	<ul style="list-style-type: none"> <li>Hospital has a physical planning checklist for patients with scheduled admissions.</li> <li>Hospital staff members discuss the checklist with the patient and family prior to or at admission.</li> </ul>
2. Shift Change Huddles or Bedside Reporting	Include the patient and/or family caregiver in as many conversations about their care as possible throughout the hospital stay.	<ul style="list-style-type: none"> <li>On at least one unit, nurse shift change huddles OR clinician reports/rounds occur at the bedside and involve the patient and/or family members in all feasible cases.</li> </ul>
3. Designated PFE Leader	Hospital has a designated individual(s) with leadership responsibility and accountability for PFE.	<ul style="list-style-type: none"> <li>There is a named hospital employee(s) responsible for PFE efforts. Such individual(s) can hold either a full-time position or a percentage of time with another person.</li> <li>Appropriate hospital staff members and clinicians are able to identify the person named as responsible for PFE.</li> </ul>
4. Patient-Family Advisory Council (PFAC) or Patient/Family Representative(s) on Hospital Committee	Ensure that a hospital has a formal relationship with the patient and family advisors (PFAs) from the local community who provide input and guidance from the patient perspective on hospital operations, policies, procedures, and quality improvement efforts.	<ul style="list-style-type: none"> <li>Patient and/or family representatives from the community have been formally named as members of the PFAC or another hospital committee (at least one patient).</li> <li>Meetings of the PFAC or another committee with patient and family representatives have been scheduled and conducted.</li> </ul>
5. Patient/Family Representative(s) on the Board of Directors	<p>Ensure that the board includes patient and family perspectives when making governance decisions at the hospital.</p> <p>Ensure that at least one board member with full voting rights and privileges provides the patient and family perspective on all matters before the board.</p>	<ul style="list-style-type: none"> <li>Hospital has at least one position on the board designated for a patient or family member who is appointed to represent that perspective.</li> <li>If a formal position on the board is not possible, an alternative exists to incorporate the perspectives of patients and families when making governance decisions (e.g., requesting PFAC input on board matters; asking board members to attend PFAC meetings or visit care units in the hospital, etc.)</li> </ul>

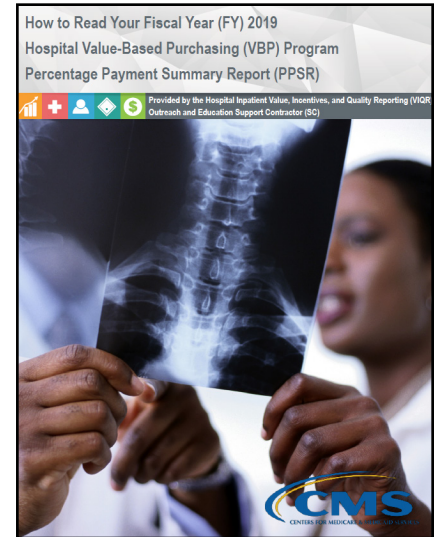
Source: AHRQ. Guide to Patient and Family Engagement. Available at [https://www.ahrq.gov/sites/default/files/wysiwyg/profession-als/systems/hospital/engagingfamilies/howtogetstarted/How\\_PFE\\_Benefits\\_Hosp\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/profession-als/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf).

***“Many of the HCAPS™ Hospital Survey measures reflect key elements of patient and family engagement.”—  
Agency for Healthcare Research and Quality***

# Resources

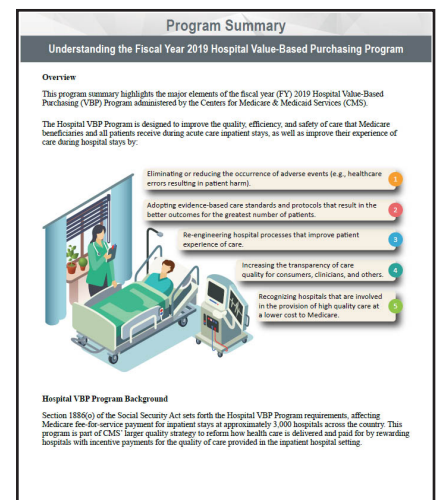
## How to Read Your Fiscal Year (FY) 2019, Hospital Value-Based Purchasing (VBP) Program, Percentage Payment Summary Report (PPSR) Tool at

[https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnoche=true&blobwhere=1228890835752&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheader-value1=attachment%3Bfilename%3DVBP\\_FY2019\\_PPSRRlse\\_HlpGde.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnoche=true&blobwhere=1228890835752&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheader-value1=attachment%3Bfilename%3DVBP_FY2019_PPSRRlse_HlpGde.pdf&blobcol=urldata&blobtable=MungoBlobs)



## Program Summary, Understanding the Fiscal Year 2019 Hospital Value-Based Purchasing Program at

[https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnoche=true&blobwhere=1228890835822&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheader-value1=attachment%3Bfilename%3DVBP\\_FY19\\_PPSRRlse\\_PrgrmSmry.pdf&blobcol=urldata&blobtable=MungoBlobs](https://www.qualitynet.org/dcs/BlobServer?blobkey=id&blobnoche=true&blobwhere=1228890835822&blobheader=multipart%2Foctet-stream&blobheadername1=Content-Disposition&blobheader-value1=attachment%3Bfilename%3DVBP_FY19_PPSRRlse_PrgrmSmry.pdf&blobcol=urldata&blobtable=MungoBlobs)



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