

# MBQIP Monthly

Medicare Beneficiary Quality Improvement Project



A publication for Flex Coordinators to share with their critical access hospitals

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Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the [Technical Assistance and Services Center \(TASC\) website](#).

Find past issues of this newsletter and links to other MBQIP resources on TASC's [MBQIP Monthly](#) webpage.

## Rural Success: Mount Desert Island Hospital, Bar Harbor, ME

Mount Desert Island (MDI) Hospital, is a busy 25-bed critical access hospital on the largest island off the coast of Maine. The hospital has a five–star rating under Medicare’s HCAHPS star rating system and has been frequently recognized for outstanding quality performance by entities such as the National Rural Health Association and Healthgrades. Teamwork, physician relationships, and community engagement emerge as the most prominent themes of MDI’s success.

TeamSTEPPS, an evidence-based program aimed at optimizing patient care by improving communication and teamwork skills is embedded throughout MDI using a train-the-trainer system. Sustained by leadership support and hardwired accountability, the program is described by the team as “supported, ongoing, and active”. Although the importance of intentional and active planning for high-quality patient care comes squarely from the top, decisions about quality improvement process routinely are made with input from the people working with patients every day. The MDI Hospital team pulls people together that can impact the desired change and they frequently talk about improvement strategies.

The emphasis on teamwork seamlessly carries over to physician relationships at MDI. For instance, a physician and nurse “dynamic duo”, led an emergency department (ED) throughput project that cut in half the wait time to see a qualified medical professional. All of MDI’s physicians are employed by the hospital. According to President/CEO Arthur J. Blank, “Our medical staff has an incredible amount of tenure, experience, and commitment to the organization. They are very much a part of the team.” MDI’s groundbreaking [teaching partnership with Penn Medicine](#), provides a steady supply of ED physicians to MDI, allows the organizations to transfer knowledge to each other across the continuum of care, and engages physicians in quality improvement.

Consumer advisory groups represent the local community in every hub of the multifaceted medical center. Aware of MDI’s intentional community connection, a group of women in the community who wanted more holistic services related to women’s health approached hospital leaders. A successful partnership was created and a two million dollar campaign to build a state-of-the-art women’s center ensued. The center maintains an active advisory committee that provides community education on topics such as postpartum depression. Another community program employs seven certified counselors dedicated to assisting community members with access to medical insurance.



Mount Desert Island Hospital points to several practical steps it took related to HCAHPS and ED related MBQIP measures. Nursing bedside shift reports, daily huddles that include a pharmacist, and a hospitalist program contributed to improve HCAHPS scores related to responsiveness to patients and communication about care. HCAHPS cleanliness scores improved four or five points when Environmental Services staff started leaving cards in patient rooms after cleaning to make sure patients and family members knew the room had been cleaned. And, ED throughput was radically improved when nurses started to triage patients upon arrival with bedside registration taking place after triage.

Thanks to MDI Hospital for showing how when a team approach is embedded into the culture of a CAH, great ideas are shared, successes are realized and “making care better for our patients” becomes the anthem.



**MDI Hospital Quality Team**

From Left: Jennifer Abbott, Director of Medical Staff Support and Service Excellence; Kelli Mitchell, Service Excellence and Patient Advocacy Coordinator; Ellen Beauchaine, Utilization Review Coordinator; Ann Worrick, Quality & Compliance Associate; Dwayne Bolt, Environmental Services Supervisor; Paula Foster, Credentialing and Quality Management Assistant.

# Data



## CAHs Measure Up: Internally Monitoring OP-22

Many hospitals have been tracking for years the percentage of patients who leave the emergency department (ED) without being seen. This valuable quality measure is part of the MBQIP Outpatient measures, as Measure OP-22, starting with 2015 encounters.

The encounter period for OP-22 is a full calendar year. You may want to track the measure on a more frequent basis, so your hospital can more quickly adjust practices when it sees unexpected results in its data. RQITA’s new Internal Quality Monitoring Tool (part of the [Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#)) can help you do just that.

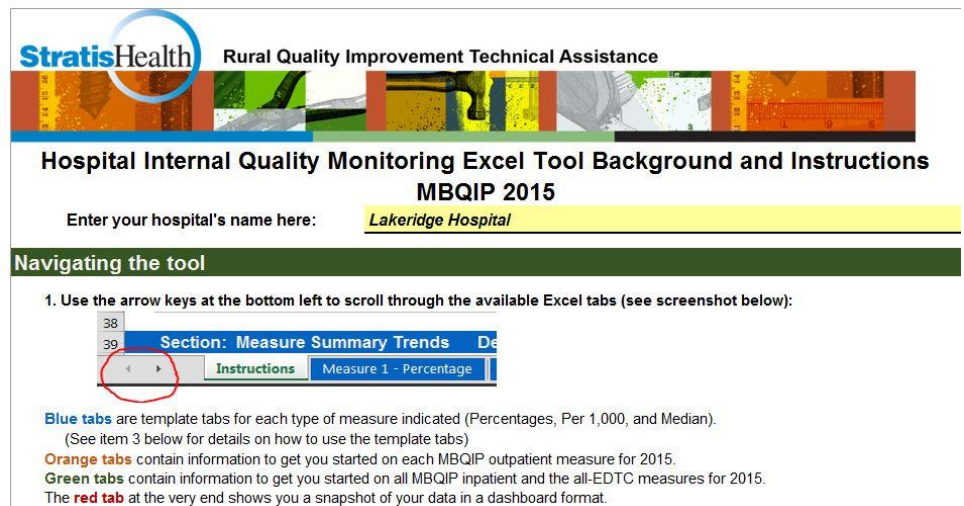
This Excel-based tool is for internal use at your hospital. It doesn’t replace any reporting requirements. But, this tool can help you track progress and have all your data ready for state and national reporting.

You might consider entering data into this tool on a monthly basis to track progress. And if it’s an option, a good place to start is to enter past data to provide you a picture of where hospital’s performance.

### Getting started with the Internal Quality Monitoring Tool

Here are step-by-step instructions on how to start using the Internal Monitoring Tool for tracking OP-22 monthly within your CAH. We’ve created the fictitious “Lakeridge Hospital” to illustrate.

1. Download and save the tool to your computer network.
2. Open the tool and review the instructions tab. Enter your hospital’s name in the yellow box:



3. Click on the “OP-22 Percentage” tab at the bottom of your screen. You will need to scroll several tabs to the right to see it. The “Instructions” tab explains how to scroll.
4. Complete the missing information in the yellow boxes under Background Information. The months and years are automatically updated in the Monthly Measure Summary Trends for OP-22 table and the graph to the right, based on the Frequency of Monitoring and Start Date of Monitoring that you enter.

**Measuring Up**

**RQITA’s New Internal Monitoring Tool**

Find it among the resources in the:

[Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#)

- If it's available, enter six months to one year of past data in the yellow boxes of the table Monthly Measure Summary Trends for OP-22. This will help you establish a past monthly baseline for OP-22 at your hospital, which will be useful to compare against your real-time data going forward. The percentage column will calculate automatically.

We've entered hypothetical data in the example below to illustrate, along with a potential goal (what the hospital hopes to achieve) and some comments.

Background Information						
Name of Hospital or Unit:	0					
Name of Measure:	OP-22: Patient Left Without Being Seen					
Frequency of Monitoring:	Monthly					
Start Date of Monitoring:	10/1/2015					
Data Source:	Hospital tracking					
What is the numerator?	# of pts. who left w/o eval					
What is the denominator?	# of pts. who presented to ED					
Notes:	Outpatient MBQIP Domain, ED throughput measure set, goal is a decrease in the rate (percent)					

Only update/enter data in the yellow-highlighted cells. All others will automatically update.

Once you've chosen a frequency and start date for monitoring and started entering data, don't change the frequency or start date for monitoring in this tool without also updating the data or your data will no longer match up to the dates.

Monthly Measure Summary Trends for OP-22: Patient Left Without Being Seen (0)						
Monthly Encounters for Month Starting:	Numerator	Denominator	Percentage	Your Goal	Notes or comments	Date Data Entered
October 1, 2015	1	350	0.3%	0.5%	Looked back at data	3/9/2015
November 1, 2015	0	300	0.0%	0.5%	Looked back at data	3/9/2015
December 1, 2015	4	324	1.2%	0.5%	Looked back at data	3/9/2015
January 1, 2016	4	350	1.1%	0.5%	Looked back at data	3/9/2015
February 1, 2016	2	325	0.6%	0.5%	Looked back at data	3/9/2015
March 1, 2016			N/A	0.5%		

- As each month passes, you can update the tool with that month's data. Consider using the data table or the graph as a conversation starter with key staff at your hospital. Based on what you see, you might bring together a few people from the ED or your administration.
  - If you notice a trend in the wrong direction or if it's taking longer to achieve your goal than you planned, talk about best practices or areas for improvement. Consider using the 10 steps and the suggested best practices from the [Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#) to plan your next steps.
  - If you see progress, celebrate the success.

View the new [Internal Quality Monitoring Tool - video tutorial](#) for more details about using and adapting the tool (23 minutes).

Watch for more examples of how to use the Internal Quality Monitoring Tool for quality measures in upcoming editions of MBQIP Monthly.

# Tips



## Robyn Quips - tips and frequently asked questions

### Measure sets, paper tools, current EDTC spec manual, due date change

#### Submit complete measures sets

The CMS Outpatient Acute Myocardial Infarction (AMI) measure set consists of measures OP-1, OP-2, OP-3, OP-4 and OP-5. When submitting data to the QualityNet warehouse, all of the measures in a measure set must be abstracted for that data to be accepted. If data for only measures OP-1, 2, 3 and 5 is submitted, the cases will be rejected from the warehouse because data for OP-4 was not submitted.

This issue just recently was identified when some CAH's submitted their Q3 2015 outpatient AMI data and found their cases were rejected. The CMS CART tool allows a user to pick the specific measures they wish to submit and the CAHs had opted not to collect OP-4. The cases were complete according to CART, but were rejected when they were sent to the QualityNet warehouse.

The same thing will happen with the CMS Outpatient ED-Throughput measure set, consisting of measures OP-18, OP-20 and OP-22. Since data submission for OP-22 is done once a year thru the QualityNet secure portal, it doesn't affect the other measures. But, if you only submit quarterly data on measure OP-20 and not OP-18, your cases will be rejected. If you are not collecting them already, add OP-4 and OP-18 to the measures you submit for the MBQIP program.

#### CART paper tools

The CART version for use with Q4 2015 inpatient and outpatient data collection is anticipated to be available late March or early April. If you would like to start collecting your Q4 2015 data now, or if you prefer to collect data on a paper tool before entering into CART, paper data collection tools for this timeframe are available now:

- [Inpatient paper tool](#)
- [Outpatient paper tool](#)

#### Reminder: Use 2016 EDTC specifications manual

Remember to use the 2016 version of the Emergency Department Transfer Communication (EDTC) Data Specifications Manual and Data Collection Tool for your Q1 2016 data submission.

Regardless of what tool you use for your EDTC data collection, reference the Data Specifications Manual at the link below to make sure you are determining your population and answering the data element questions correctly.

[EDTC Resources >](#)

#### Due date changed to May 15, 2016 for OP-22

The due date for entering the web-based measure OP-22 (Patient left ED without being seen) is May 15, 2016. This measure is entered once a year thru the QualityNet Secure Portal. The previous annual submission date of November 15 no longer applies.

Robyn Carlson, Stratis Health quality reporting specialist, provides Flex Coordinators with technical assistance related to MBQIP.

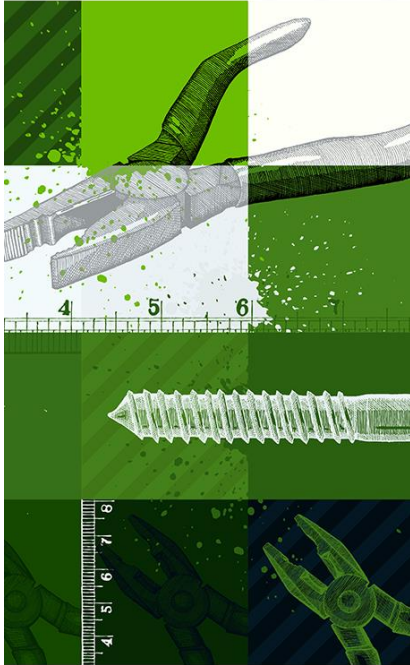
## Go to Guides

### Hospital Quality Measure Guides

- [Emergency Transfer Communications](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)



# Tools



So good we're sharing it again!

[MBQIP CAH Quality Improvement Implementation Guide and Toolkit](#)

## Tools and Resources

### TeamSTEPPS

This evidence-based teamwork system aims to optimize patient outcomes by improving teamwork skills among health care professionals. All TeamSTEPPS materials and resources are available at no charge.

- [TeamSTEPPS Curriculum](#). A comprehensive set of ready-to-use materials and training curricula to integrate teamwork principles successfully into your health care system.
- [TeamSTEPPS National Implementation Team](#). Registration for train-the-trainer (Master Training) sessions, conferences, and webinars, and other resources to support implementation of the TeamSTEPPS system.

### Agency for Healthcare Research and Quality (AHRQ) Emergency Department (ED) Patient Flow Resources:

- [Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals](#). Although the focus on reducing crowded EDs may feel less relevant in many rural hospitals, this guide includes a wealth of resources for structuring and implementing improvement initiatives that improve processes related to patient flow and communication.
- [Emergency Severity Index \(ESI\): A Triage Tool for Emergency Department](#). The Emergency Severity Index (ESI) is a five-level ED triage algorithm that provides clinically relevant stratification of patients into five groups, from most urgent to least urgent on the basis of acuity and resource needs. An implementation handbook for the tool also is available.

### [MBQIP CAH Quality Improvement Implementation Guide and Toolkit](#)

This guide and toolkit offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement. It includes:

- A quality improvement implementation model for small, rural hospital settings
- A 10-step guide to leading quality improvement efforts
- Summaries of key national quality initiatives that align with MBQIP priorities
- Best practices for improvement for current MBQIP measures
- An internal monitoring tool—a simple Excel-based tool to assist CAHs with tracking and displaying real time data for MBQIP and other quality and patient safety measures to support internal improvement efforts



MBQIP Monthly is produced by Stratis Health to highlight current information about the Medicare Beneficiary Quality Improvement Project (MBQIP). This newsletter is intended for Flex Coordinators to share with their critical access hospitals.

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