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: Mariners Hospital, Tavernier, FL

Mariners Hospital is a critical access hospital (CAH) in Tavernier, Florida, a little, island town that you can't miss driving through the Florida Keys. It is the only CAH among the seven hospitals in Baptist Health South Florida, a nonprofit health care organization with a reputation for offering the highest quality medical care to the Upper Keys community with a population of 18,700 people. Mariners was awarded the Pathway to Excellence designation from the American Nurses Credentialing Center—the first hospital in Florida and 13th in the nation to achieve the designation, which recognizes standards of nursing excellence and high-quality patient care.

Mariners Hospital
BAPTIST HEALTH SOUTH FLORIDA

The Baptist Health South Florida system was built on a foundation of customer service excellence, as reflected in their insignia—the pineapple represents welcome. Before the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey was initiated, the organization worked with Press Ganey to evaluate patient satisfaction, and relentlessly drove improvement based on the findings.

Mariners has adopted the system's relentless pursuit of excellence. "We want to be the Ritz Hotel of hospitals and to be the best at everything we do," quips Laura Vadeika, performance improvement nurse. It is an expectation that every employee attends to and acknowledges patients with a smile the minute they arrive. Patients are escorted from appointment to appointment within the hospital and handed into to the care of a staff member in the next department. "Not my job" is not part of Mariners' mindset. Employees are trained to assist a patient with a

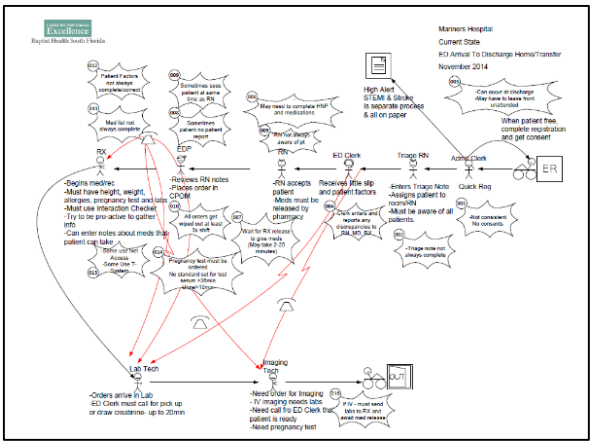
question or complaint until they can find someone with the authority or expertise to resolve it.

Mariners Hospital staff

Excellence metrics are woven into leader evaluations, and the bar is set high when hiring new employees. All nurses must achieve a Bachelor of Science degree, and staff in all disciplines are encouraged to be accredited for their trade. Peer interviewing is conducted to make sure that the personalities of new hires fit in the culture. As stated by Candy Fincke, Mariners vice president of professional services, “We can teach skills, but we hire for personality. Those who don’t understand our culture won’t fit in.”

The unwavering commitment to excellence by Mariners leaders has resulted in a five-star HCAHPS rating and outstanding performance across all Medicare Beneficiary Quality Improvement Project (MBQIP) domains. Hourly rounding, bedside shift report, discharge phone calls, and transfer forms tailored to Emergency Department Transfer Communication are familiar practices, adopted to improve performance. High touch surface cleanliness audits, housekeeping calling cards, and a behavioral standard that everyone is responsible for a clean environment boost HCAHPS cleanliness scores. Housekeepers scan patient rooms as they exit to look for environmental problems, such as marks on the walls or broken items, and communicate them to the maintenance department. A system-wide mandatory health care personnel influenza immunization policy, that allows waivers only with physician verified medical exceptions, drove NHSN-reported immunization rates at Mariners to 94 percent.

New performance improvement projects often are structured using process maps, which help reveal problem areas in a process and form the basis for a plan of action. This approach was recently applied to improve throughput in the Emergency Department, where inconsistencies around pregnancy testing for women were discovered and resolved to decrease door to diagnostic evaluation time for these patients by five to seven minutes.



Mariners Hospital process map example.

The small community atmosphere where hospital leaders and staff care deeply for the community members they serve extends beyond providing outstanding care to patients while they are in the hospital. High school students, EMS staff, police officers, and retirees come regularly to the hospital cafeteria to enjoy the “Good for You” meal served at a reasonable price. The cafeteria essentially has become the small town diner and influences the health of the community by providing and modeling well-balanced meals.

Mariners Hospital leaders relate the benefits of being part of the Baptist Health South Florida system. A common vision of excellence, supported by an atmosphere of fun and friendly competition between its hospital quality leaders, helps maintain a high level of passion around quality improvement. With an electronic health record designed for value-based purchasing success, compliance with national quality reporting programs tends to be hardwired for the CAH. Leaders suspect that the system-driven commitment to outstanding service and quality, blended with the small town sense of community and caring found at Mariners, explains the extraordinarily high, 90 percent of patients that would recommend this critical access hospital to their friends and family.

CAHs Measure Up: State CAH Hospital Compare Reports

By Flex Monitoring Team Staff

The Flex Monitoring Team (FMT) recently released updated state-level reports summarizing critical access hospital (CAH) reporting and performance on quality measures reported to Hospital Compare for April 2014 to March 2015 discharges. This is the latest version of the reports FMT has produced annually since 2009.

It can be easy to overlook Hospital Compare as a tool for identifying areas for quality improvement. Nearly all required MBQIP measures are Hospital Compare measures, and the state reports are a great way to gain insight about historical reporting and performance of CAHs in your state and across the nation. CMS suppresses data from the Hospital Compare website for measures with low patient volume, but those data are included in the state and national CAH numbers in these reports.

Previous reports included process-of-care, HCAHPS, structural, and outcome measure data. This year, we created multiple, smaller reports (HCAHPS reports were released in February). The new report includes four tables (inpatient process-of-care measures, outpatient process-of-care measures, median time measures, and structural measures), sorted alphabetically by measure code. The tables note which measures are also core and additional improvement measures for MBQIP.

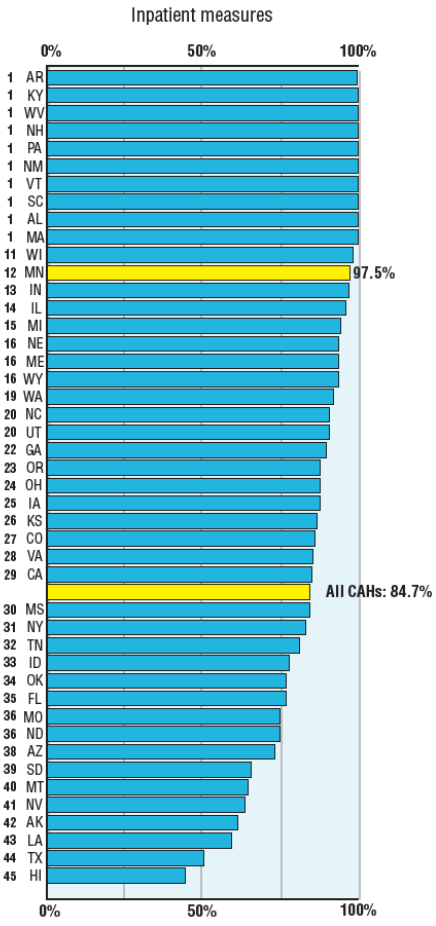
Using These Reports for Quality Improvement

Figures 2, 3, and 4 in the report are intended to give you a better sense of how many CAHs in your state are reporting data compared to all CAHs nationally, states with a similar number of CAHs, and states in the same geographic region.

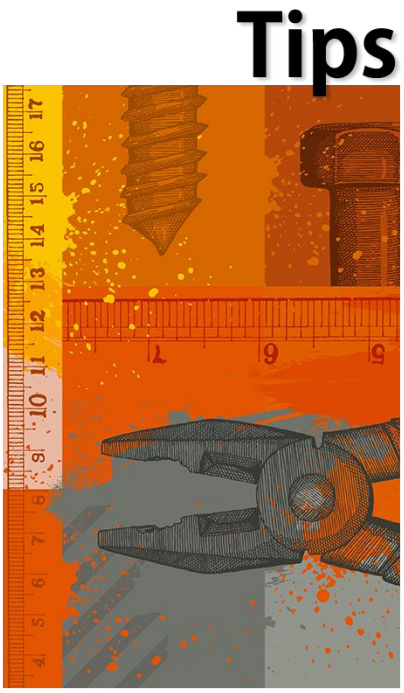
Examining the reporting and performance data in this report can help identify specific opportunities for improvement. For example, how do your results compare to other CAHs in your state or nationally? If your performance is lower than other CAHs, additional focus may be necessary. After you have identified areas for improvement, implement strategies that have been successfully used by CAHs, or can be adapted for CAHs. The Quality Improvement Guide and Toolkit for Critical Access Hospitals is an excellent resource that lists best practices for improvement on the required MBQIP measures. Most state Flex Programs are working with various partners on collaborative efforts to support improved care for CAH patients. If your CAH is not already participating, contact your state Flex program for information on opportunities for resources and support.

For questions or concerns about these or other FMT publications, email monitoring@flexmonitoring.org.

Excerpt of one state's Figure 4. State Rankings of CAH Reporting Rates for Hospital Compare Inpatient and Outpatient Quality Measures



The Flex Monitoring Team (FMT) is a consortium of the Rural Health Research Centers at the University of Minnesota, the University of North Carolina at Chapel Hill, and the University of Southern Maine. Through a cooperative agreement with the Federal Office of Rural Health Policy, FMT evaluates the impact of the Medicare Rural Hospital Flexibility Program.



Robyn Quips - tips and frequently asked questions

Take the Abstraction Quiz!

Let's test your abstraction knowledge. If you get any of the answers wrong in this quiz, look in the specifications manuals for more information. Find links to the manuals in the box on the next page. Good luck!

1. Patients are included in the Outpatient Chest Pain (OP-4 & OP-5) measure population if they:
   a. Have an ICD-10-CM principal diagnosis for AMI (as defined in Appendix A, OP Table 1.1 of the Specifications Manual)
   b. Are discharged to a nursing home
   c. Have a principal or secondary ICD-10-CM diagnosis code for Chest Pain (as defined in Appendix A, OP Table 1.1a of the Specifications Manual)
   d. Both b and c

2. For the Emergency Department Transfer Communication (EDTC) Measure, patients transferred/discharged to which site are not included in the population:
   a. Psychiatric Facilities
   b. Rehabilitation Centers
   c. Home
   d. Nursing Homes

3. The Medicare Beneficiary Quality Improvement Project (MBQIP) program requires the hospital to submit data on only their Medicare patients.
   a. True
   b. False

4. If you have a vendor that submits your Outpatient and Inpatient Clinical Measure data to the QualityNet warehouse for CMS reporting, you still need to submit your measure data through CART for the MBQIP program.
   a. True
   b. False

5. Which measure is only submitted once a year through the secure portal in QualityNet?
   a. OP-18
   b. IMM-2
   c. OP-27
   d. OP-22

6. Discharge/transfer to which facilities are not considered to be "Home" for the EDTC and CMS measure abstraction?
   a. Nursing Homes
   b. Assisted Living Facilities
   c. Group Homes
   d. Jails/Prisons

7. Today is July 1, 2016, and you are abstracting cases from March 2016. You should be following the instructions found in which versions of the Inpatient and Outpatient Specifications Manual?
   a. Inpatient version 5.0b – Outpatient version 9.1
   b. Inpatient version 5.1 – Outpatient version 9.1
   c. Inpatient version 5.0b – Outpatient version 9.0a
   d. What does it matter, they are all the same.

8. If a data submission due date falls on a weekend, you have until 11:59 PM Pacific Time (PT) of the next business day to submit your hospital's measure data to the QualityNet warehouse.
   a. True
   b. False

9. You haven't logged into QualityNet for months and now when you try it says your account has been disabled. What should you do?
   a. Contact your Flex Coordinator
   b. Contact the QualityNet helpdesk
   c. Contact RQITA
   d. Cry

10. The population for Inpatient Measure IMM-2 influenza immunization is all patients discharged from acute inpatient care with a length of stay less than or equal to 120 days. Which of the statements below is true?
    a. Your electronic health record doesn't have a field to record influenza immunization data so you don't have to submit this measure.
    b. The population doesn't include those patients transferred to another acute care facility.
    c. Rarely would an inpatient acute care stay be 120 days or more, so as long as you have a discharge in the quarter, you have a case that meets the population requirements.
    d. This data is submitted to NHSN.

Go to Guides

Hospital Quality Measure Guides

- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual

Inpatient Data Reminders

- If you haven't submitted your Q1 2016 inpatient data yet, CMS recommends that you upgrade to CART version 4.18, then enter and submit Q1 2016 data.
- CMS has retired the IMM-1 Pneumococcal Immunization measure starting Q1 2016—make sure to uncheck this measure in your CART provider preferences.

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

Quiz Answers: 1.c, 2.c, 3.b, 4.b, 5.d, 6.a, 7.c, 8.b, 9.b, 10.c. Did you answer all of the questions correctly? If no, look at the specifications manuals for details.

Tools and Resources

CAH Quality Prioritization Tool. Developed to assist critical access hospital (CAH) quality and patient safety leaders in making decisions related to patient safety and quality investments. This tool presently includes MBQIP measures, Hospital Engagement Network (HEN) topics, and other patient safety indicators. Users can customize the tool with additional topics if desired. CAHs ideally will incorporate the tool into an annual quality and patient safety planning process. It is most useful when completed by a team that includes leaders and patient care representatives.

Flowcharting Tools and Resources. Flowcharting, or process mapping, can be a critical tool in supporting quality improvement efforts. The Institute for Healthcare Improvement (IHI) provides these free resources on how to use flowcharting with improvement teams (free login required to access tools):

- Flowchart Tool: Includes directions for developing and examples of flowcharts.
- Flowcharts Part 1 (7-minute video)
- Flowcharts Part 2 (9-minute video)

Hospital Compare Participation and State Quality Reports for Critical Access Hospitals. State-level reports summarizing CAH reporting and performance on quality measures reported to Hospital Compare for April 2014 to March 2015 discharges.

StratisHealth

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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