

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: Kimble Hospital, Junction, TX

### The powerful influence of hospital nursing leaders

The saying goes that everything's bigger in Texas. While Kimble Hospital may not qualify for big in terms of size and inpatient volume, it definitely stands tall when measured by quality—demonstrating outstanding performance across all Medicare Beneficiary Quality Improvement Project (MBQIP) domains. This 15-bed critical access hospital (CAH), with an average daily census of three, serves the ranching community of Junction, in the heart of Texas Hill Country. A good part of its measurable success can be attributed to the powerful influence of hospital nursing leaders.

Sue Gentry serves as Kimble's chief nursing officer and trauma program manager. Although she adamantly attributes the hospital's MBQIP success to the nurses, it's impossible to miss the tone of participative leadership in her words. Sue is responsible for quality and patient safety at the hospital and maintains that she cannot succeed without their input and expertise. On entering her leadership role, she asked the nurses for support. This leadership style garners excellent results on every quality improvement project that involves the nurses at Kimble Hospital. Sue's leadership style engenders an atmosphere where nurses are very engaged and care deeply about the quality of care they provide. After a recent Medicare survey, nurses were devastated about two deficiencies. Sue reassured them that the survey results showed they were actually very successful.

Sue makes rounds in patient care units every weekday morning to listen to patients and nurses, and to ask questions. She observes charge nurses during patient rounds, listens to nurses teaching patients about their medications, and accompanies nursing assistants while checking patient vital signs. "This gives me a chance to keep in touch with what is going on, reinforce great nursing practices, and address patient concerns early," says Sue. With an office close to the nursing station, Sue has an ear tuned to what is going on, helping with call lights that ring more than four times or reminding nurses of the building's loud acoustics if she hears loud voices.

Timely feedback and action planning in response to data is fundamental to quality improvement success. Kimble Hospital leaders habitually apply this

**While the patient is in the ED, nurses routinely document the visit—the EDTC spreadsheet is open and data is entered.**

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principle to quality improvement projects. Emergency Department nurses abstract Emergency Department and Transfer Communications (EDTC) measures in real time—an idea suggested by the nurses. While the patient is in the ED, nurses routinely document the visit—the EDTC spreadsheet is open and data is entered. At the latest, EDTC data is entered the morning after the patient encounter. Inpatient and outpatient data are entered by designated nurses on an ongoing basis, close to real time. Staff have no need to rush to meet reporting deadlines. And whenever leadership learns of an upcoming national quality improvement program, Sue says “We go to the nurses and let them know it is coming.”

When Sue initially learned about EDTC, she gave a copy of the specifications to the ED nurses, who suggested changes to the documentation template to help them remember to provide the information required. There was confusion around nurse communication related to oral restrictions, and Kimble’s scores were not great when changes to this measure were made. After discussion, nurses designed a nursing note amendment to capture the missing information, and changed the system to set them up for success. Similar stories could be told for health care provider influenza immunizations (OP 27), patient influenza immunizations (IMM 2), outpatient AMI care (OP 1-5), and ED throughput (OP 18 – 22). Kimble Hospital nails all their quality measures.

Kimble Hospital achieves an impressive 44 percent HCAHPS response rate, more than 10 points above the national average. Patients are given a card informing them that they will receive two follow-up phone calls, one from a hospital nurse to make sure they are doing well at home, and another from an outside vendor gathering information about hospital care, which will be used to help the hospital improve.

HCAHPS survey results are shared regularly with nurses, and they brainstorm ways to improve together. When an opportunity to improve communication about medication was identified, Kimble Hospital nurses suggested that one particular nurse, known for her skill in teaching patients about their medications, do all of the follow-up phone calls and review medications on the calls. After this suggestion was implemented, medication communication survey responses improved. Recently, their HCAHPS “Cleanliness of Hospital Environment” score dipped. Nursing met with housekeeping staff and together set up a system for housekeepers to notify a nurse when they’ve cleaned a room. Nurses follow up with a quick look to assess the room. This active and ongoing team process of sharing data, brainstorming, and implementing corrective actions has served this hospital well across HCAHPS and other MBQIP domains.

The influence of hospital nursing leaders cannot be overemphasized. Kimble Hospital is a beautiful demonstration of a successful CAH that has awarded a senior leadership position to a member of the profession that overwhelmingly defines patient experience. Add to that a leadership style that includes and affirms the input and engagement of nurses at the patient bedside, and the consistent practices of early engagement and timely data analysis and response. Little Kimble Hospital in Junction, Texas, acts big. Big on quality. Big on patient experience. Big.

# Data



## CAHs Measure Up: How EDTC Measures Are Calculated

Each quarter, people raise questions about how the EDTC measure is calculated. The EDTC measure has seven sub-measures, which each have data elements within them, to help hospitals look at categories of information and processes. To meet one of the EDTC sub-measures, a transfer record needs to meet every data element within that sub-measure. For example, to count towards EDTC-1, a patient transfer record must achieve both healthcare facility to healthcare facility and physician to physician communication as being documented for the transfer. To illustrate, the table below shows example records side by side. Record 1 and Record 3 both meet EDTC-1. Record 2 does not.

The “official” metric for EDTC is the composite All-EDTC measure. It is the number of transfer records that meet every data element. The measure is calculated at the data element level, not the sub-measure level. In the example below, Record 1 is the only transfer record that meets All-EDTC.

The All-EDTC score equals or is lower than the lowest EDTC sub-measure score. Below, the All-EDTC score (33%) is lower than the lowest EDTC sub-measure score (66%) because two of the records do not meet the All-EDTC measure. Record 2 is responsible for the 66% in EDTC-1 and EDTC-2 and Record 3 for EDTC-4.

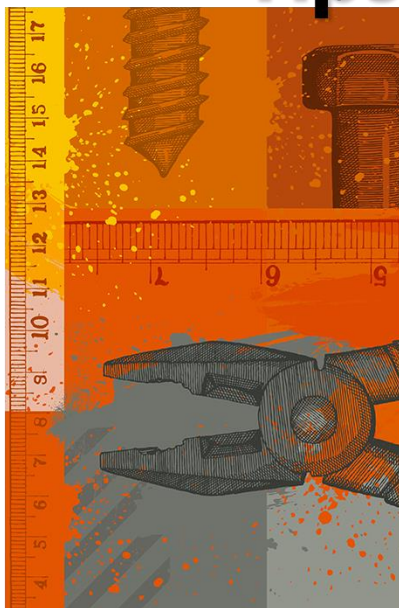
EDTC	Data Elements	Record 1	Record 2	Record 3	Records Meeting Measure	% Score
EDTC-1	Healthcare Facility to Healthcare Facility Communication	Y	Y	Y	2 / 3	66%
	Physician to Physician Communication	Y	N	Y		
EDTC-2	Patient Name	Y	Y	Y	2 / 3	66%
	Patient Address	Y	Y	Y		
	Patient Age	Y	Y	Y		
	Patient Gender	Y	Y	Y		
	Patient Contact Information	Y	N	Y		
	Patient Insurance	Y	Y	Y		
EDTC-3	Pulse	Y	Y	Y	3 / 3	100%
	Respiratory Rate	Y	Y	Y		
	Blood Pressure	Y	Y	Y		
	Oxygen Saturation	Y	Y	Y		
	Temperature	Y	Y	Y		
	Neurological Assessment	Y	Y	Y		
EDTC-4	Medications Administered in ED	Y	Y	Y	2 / 3	66%
	Allergies/Reactions	Y	Y	N		
	Home Medications	Y	Y	Y		
EDTC-5	History & Physical	Y	Y	Y	3 / 3	100%
	Reason for Transfer/Plan of Care	Y	Y	Y		
EDTC-6	Nursing Notes	Y	Y	Y	3 / 3	100%
	Sensory Status	Y	Y	Y		
	Catheters/IV	Y	Y	Y		
	Immobilizations	Y	Y	Y		
	Respiratory Support	Y	Y	Y		
	Oral Limitations	Y	Y	Y		
EDTC-7	Tests/Procedures Performed	Y	Y	Y	3 / 3	100%
	Tests/Procedure Results	Y	Y	Y		
All - EDTC	Composite	Y	N	N	1 / 3	33%

## Robyn Quips - tips and frequently asked questions

### Entering Population and Sampling Counts

It's been mentioned before but can't be said enough, the first step in the reporting process is identifying your population. The quality measure abstraction world calls it determining your "Initial Patient Population." For MBQIP purposes, the Initial Patient Population refers to all patients (Medicare and non-Medicare) who share a common set of specified, administratively derived data elements for each specific measure set. This may include ICD-10-CM diagnosis codes, or other population characteristics, such as age. Determining the population is how you figure out which cases to abstract for each clinical measure set.

## Tips



Sampling is selecting a representative part of a population in order to estimate the hospital's performance without collecting data for its entire population. If the population in a particular measure set contains a high number of cases, a hospital can reference the sampling requirements, in the Inpatient and Outpatient Quality Reporting Manuals, to see if they meet the sampling guidelines. CAHs generally have a low number of cases so the potential for sampling is most likely for the Inpatient IMM-2 measure and the OP-ED (OP-18 and OP-20) measures, since the population requirements include almost every patient that was seen at the facility.

Information on how to determine each clinical measure population and sampling is found in the [Inpatient Specifications Manual](#) and [Outpatient Specifications Manual](#). The initial population requirements are found in each clinical topic section, and the sampling requirements are found in the Population and Sampling Specifications sections.

Although entering population and sampling data is not required to submit data, we strongly suggest that CAHs fill out their population and sampling data in the QualityNet warehouse each quarter.

Not all hospitals have eligible cases for each measure set each quarter. The new MBQIP data reports, launching in August 2016, will use the population and sampling data you enter into QualityNet to indicate whether your CAH had no eligible cases to report or did not report cases. Up until now, MBQIP reports could not show that distinction.

Now, if you fill out your population and sampling each quarter, when report generation time rolls around and you have no cases in the warehouse, the program will look to see if you have entered "0" in the population and sampling grid. If there is a 0, the reports will show that. Everyone will know you didn't miss reporting for the quarter, you just didn't have any cases that fit the population to report. No more having to explain to your Flex Coordinator and/or your CEO why your reports showed no data! It seems to me that the minutes it will take to fill out the population and sampling grids with zeros will be well worth it.

Instructions on how to enter the population and sampling data via the QualityNet Secure Portal are below. When you have no cases that meet the population requirements for the required measure sets, enter zero. That's what is going to indicate in the MBQIP reports that you had no

## Go to Guides

### Hospital Quality Measure Guides

- [MBQIP Reporting Guide](#)
- [Emergency Department Transfer Communications](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)

cases to submit. You don't need to fill out the grids for measures that aren't required for the MBQIP program, just leave those blank.

### How to Enter Population and Sampling Data

1. Population and sample size counts are submitted via the QualityNet Secure Portal in the Hospital Inpatient/Outpatient Population and Sampling application, which is located under Quality Programs, then under My Tasks.
2. Log into the QualityNet Secure Portal.
3. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the Quality Programs drop-down menu.
4. Look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.
5. Select Inpatient or Outpatient Population & Sampling.
6. Enter your facility's CCN; click Continue.
7. Select the reporting period for the data you are submitting; click Continue.
8. Enter the number of cases in the grids.

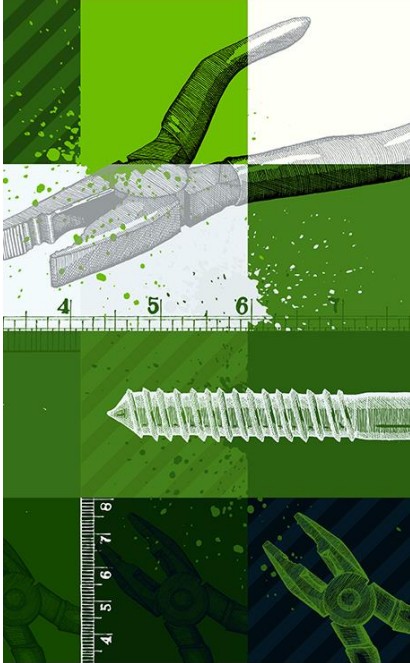
### QualityNet Helpdesk Hint

When calling the QualityNet Helpdesk for assistance in submitting your Inpatient or Outpatient measures to the warehouse, there is no need to mention the MBQIP program. This may prevent you from getting the help you need since they may not be aware of the program. You are a hospital that needs assistance to get your inpatient/outpatient measure data in to the QualityNet warehouse. It doesn't matter that you are a CAH, or what program you are doing it for.

When you call the QualityNet Helpdesk say: "I need assistance getting the CMS measure data submitted to the warehouse." Period.

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

# Tools



## Tools and Resources

**[MBQIP Reporting Guide.](#)** This guide is intended to help Flex Coordinators, critical access hospital staff and others involved with MBQIP understand the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site and how to submit those measures to the site.

**[Improving the Patient Experience Through the Health Care Physical Environment.](#)** This Hospitals in Pursuit of Excellence (HPOE) guide, a collaboration with the American Society for Healthcare Engineering, explores ways hospital and health system leaders can use the physical environment to improve the patient experience. The guide describes a “people, process, place” model that will help hospital and health system leaders identify people-centered ways to improve the patient experience of care.

**Leadership rounding:** This month’s CAHs Can article highlights the use of leadership rounding at Kimble Hospital in Junction, Texas. The links below provide additional information on implementing leadership rounding as a strategy.

- **[How to Increase Employee Retention and Drive Higher Patient Satisfaction.](#)** This brief article from the StuderGroup highlights the use of leadership rounding as a strategy to support employee engagement and improve quality and satisfaction.
- **[Nursing Leadership – Management and Styles.](#)** This white paper from American Association of Nurse Assessment Coordination (AANC) outlines different leadership styles and provides recommendations on how to implement ‘Leading by Walking Around’ as an effective way to support a culture of caring and quality.



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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