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: Avera DeSmet Memorial Hospital, SD

On the eastern plains of South Dakota, you will find the vibrant and friendly little town of DeSmet. With a population of around 1,100 and a frontier heritage as rich as its space is wide, DeSmet is the original home of Little House on the Prairie, and home to a critical access hospital that can. Avera DeSmet Memorial Hospital, with an average daily census near one, exemplifies the local, community values of family, hospitality, integrity and opportunism, as well as the Avera Health System values of compassion, hospitality and stewardship.

Avera DeSmet Memorial Hospital is successful across all MBQIP domains as well as being actively engaged in the Hospital Improvement and Innovation Network (HIIN). An expectation of excellence foundational to the Avera Health System translates into robust policy and clinical support to member critical access hospitals, and DeSmet is a testament to the success of this strategy. Bryan Breitling, Administrator, said that active involvement with the front lines throughout the entire leadership team stimulates staff engagement, which is critical to quality and patient safety success. Traci Smith, Director of Patient Services, works closely with Jennifer Noem, Project Coordinator to organize and communicate performance improvement efforts. Champions are recruited among the staff to track and drive progress across various quality measures and frequent feedback of data supports engagement at all levels.

In one example of HCAHPS success strategies, Smith visits all inpatients during their stay to inquire as to their satisfaction with their hospital experience. This allows her to capture any points of dissatisfaction in time to make them right, and to harvest opportunities to recognize staff. She states that low patient volumes allow for plenty of staff time at the bedside, which positively impacts patient safety and patient perception. This is reflected in the hospital's nurse communication score of 99 percent.

Avera DeSmet's Emergency Department Transfer Communication "All EDTC" composite has steadily climbed from 84 percent to 95 percent during 2016. Smith worked with the emergency department nursing staff and providers to build the measures into the electronic health record and the Emergency Medical Treatment and Labor Act (EMTALA) transfer

checklist. Data is shared quarterly with staff and providers and Noem also monitors EMTALA transfer checklist compliance by nurses and providers twice a year.

Breitling and Smith attribute the hospital's outstanding outpatient quality reporting performance for AMI care and ED throughput to a combination of committed local hospitalists, staff and Avera Health's eEmergency telemedicine service based in Sioux Falls, SD. The DeSmet hospitalist program employs physicians and advanced practice providers (APPs) on a rotation to serve acute care, swing bed, and emergency department patients. The local hospitalists are on call, but not always on-site 24 hours a day. At the push of a button, however, ED staff can summon eEmergency immediate remote access resources such as ED physicians, nursing documentation assistance, transfer arrangement support, and even help calling in extra staff. eEmergency physicians collaborate with local hospitalists to provide timely and high quality care to emergency department patients, and connect with specialty consultants as needed. eEmergency physicians are often at the bedside virtually before the local hospitalist arrives, and can begin to order diagnostic tests and treatments and guide care. Avera's ePharmacy service also can assist with complex medication dosing if needed. eEmergency has proven to be an invaluable resource to this frontier hospital.

Part of Avera DeSmet's eEmergency System
The red box below the monitor is the button nursing staff push to notify the eEmergency staff for assistance. The camera that is located above the monitor can move to view the entire ED. Not shown is a microphone/speaker that hangs above the ED cot so eEmergency staff are able to hear a patient speaking if possible, and communicate with nursing staff and providers.

Avera DeSmet Memorial Hospital leaders have found creative ways to compensate for and leverage the challenges associated with low volumes for the good of their patients. Congratulations to the hospital and to the Avera Health System on living out your values in this frontier community!

CAHs Measure Up: Finding and Using Benchmarking Data

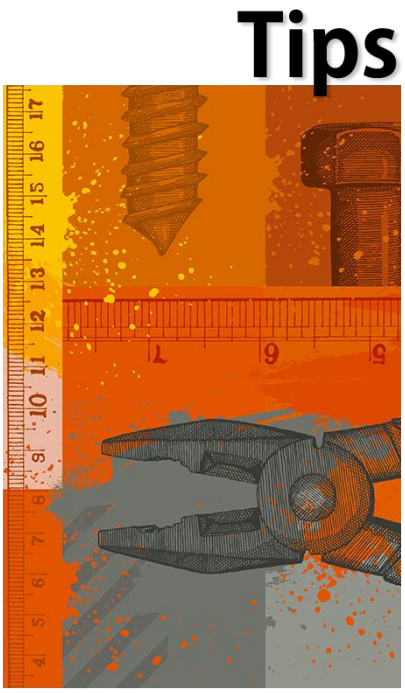
Benchmarks are a comparison tool, and can be used to look at how your hospital fares in relation to other hospitals in your state, the nation, or other groups.

How to find benchmarking data:

- Check your MBQIP reports for data to benchmark your CAH against other CAHs in the state and national. The reports contain both averages and 90th percentiles. The average represents the "middle of the road" and the 90th percentile shows you where the best 10 percent of hospitals are performing for a given measure.
- MBQIP HCAHPS reports do not contain 90th percentiles, but they do contain averages. However, HCAHPS Online is a good source of percentile data for HCAHPS measures – scroll to the "HCAHPS Percentiles Table" to take a look. Remember that in MBQIP reports and on HCAHPS Online, benchmarks represent data for all hospitals in the state and/or nation (not just CAHs).
- Some other good sources of benchmarking data (for MBQIP measures as well as other measures) include quality measure and other reports from the Flex Monitoring Team, and the Agency for Healthcare Research and Quality maintains a list of good national data sources. Consider also reaching out to organizations within your state, such as your Office of Rural Health or hospital association.

How to use benchmarking data:

- Track your hospital's performance against benchmarks – ideally, use the 90th percentile. Use that benchmark as the goal you strive to reach (or to stay above). Consider plotting your hospital's performance on a graph and include the most-current benchmark as a way to visualize your progress. The Internal Quality Monitoring Tool, part of the Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals, is one resource that might help you start plotting your performance in this way.
- Benchmarks can also help you set priorities for improvement. If your hospital is already performing at or above the 90th percentile for a certain measure in both your state and the nation, for example, you should celebrate and keep up the good work – but you might want to focus your improvement efforts on a measure that's performing below the state or national average.
- In general, make sure you know which time period you're looking at regardless of the data source. Your MBQIP reports often contain more recent data than what you might find in other sources, but if you request data internal to your hospital or within your state, the data might be even more recent than that.



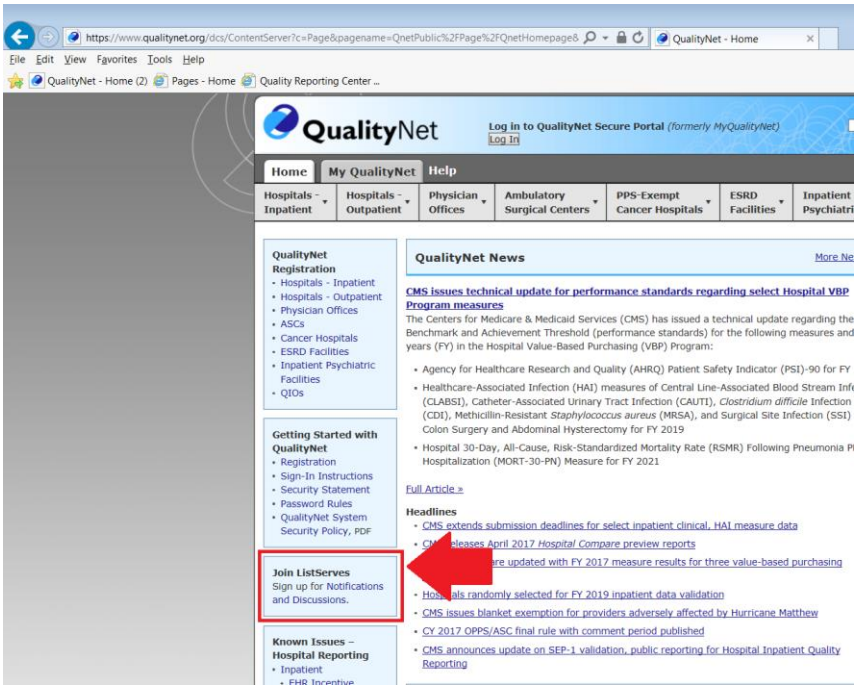
Robyn Quips - tips and frequently asked questions

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

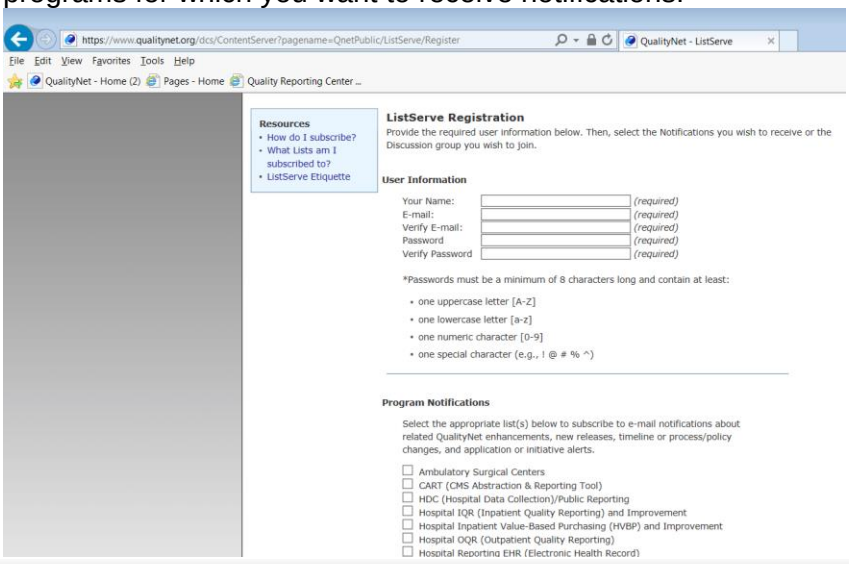
Communications from CMS

One of the ways Centers for Medicare & Medicaid Services (CMS) communicates with hospitals is through their ListServe notification system. ListServes are used to distribute email messages to subscribers on an electronic mailing list. CMS uses this method to let us know about issues with QualityNet, new releases or updates to the Specifications Manuals and CART, data deadlines submission changes, and other applications or initiative alerts.

Information about signing up for the ListServes is found on the main QualityNet home page, the third light blue box on the left hand side.



To sign up, you'll need to register, provide a password and choose the programs for which you want to receive notifications.



You'll want to check Hospital IQR and OQR –Inpatient and Outpatient Quality Reporting. Check CART if you use the CART tool for abstracting data. Check anything else you want notifications for, but be aware that often notifications come through more than one ListServe. I've sometimes received the same notification from four different ListServes.

If you scroll down a bit further on the ListServe Registration page, there are some Discussion Group ListServes you can join. These are provided as a service to promote the sharing of best practices and tools amongst members. The Discussion ListServes are not monitored by QualityNet for accuracy of information. Remember what's posted here are thoughts and opinions from other facilities, so there is no assurance that any measure specification question that has been posted here has been answered correctly.

Another site for Hospital Reporting information is the Quality Reporting Center. http://www.qualityreportingcenter.com/

This site has information on upcoming educational presentations, and tools and resources for both the CMS Inpatient and Outpatient Reporting Programs. No registration or password required.

OP-21 Measure Instruction Tip

I have received questions from CAHs concerned that their times to pain meds were long, but felt there were legitimate reasons for them being so. In most cases, they were abstracting the measure wrong. To ensure you are collecting this data element correctly, be sure to read the Notes for Abstraction under the Data Element: Pain Medication, in the Data Dictionary section of the Hospital Outpatient Quality Reporting Specifications Manual. If you are not familiar with finding and using the CMS Specifications Manuals – check out the newly available Online MBQIP Data Abstraction Training Series.

CART Update

Before abstracting your Q4 2016 inpatient and outpatient data, be sure you update CART to the latest versions available, inpatient 4.19.1 and outpatient 1.15. We just found out that some October 2016 ICD-10 coding changes either are not available in older versions of CART, or are being rejected from the QualityNet warehouse if an older CART version is used. Even though the above versions say they are for use starting with 1/1/2017 discharges/encounters, they are compatible with prior versions and you can use them for Q4 2016 data.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Reporting Guide
- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual

Tools and Resources

Online MBQIP Data Abstraction Training Series

This recorded training series is for CAH staff with responsibility for data collection of CMS Inpatient and Outpatient quality measures.
Pick individual topics that you have questions about, or listen to the full series for a comprehensive overview of the process to identify each measure population and abstract the required data elements.

Link to sessions available at: http://bit.ly/Online-MBQIP-Data-Abstraction-Training

- Locating CMS Specifications Manuals (13-minute video)
- Locating CART (CMS Abstraction Reporting Tool) (9-minute video)
- Outpatient AMI Measures (OP1 - OP5) (23-minute video)
- Outpatient Chest Pain Measures (OP4 - OP5) (20-minute video)
- ED Throughput Measures (OP18, OP20, OP22) (19-minute video)
- Outpatient Pain Management Measure (OP21) (12-minute video)
- Inpatient Influenza Vaccination Measure (IMM-2) (18-minute video)

Ask Robyn – Quarterly Open Office Hour Calls for Data Abstractors

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required. 2017 Dates:

- April 5 2:00-3:00 p.m. CT Register here
- June 28 2:00-3:00 p.m. CT Register here
- October 4 2:00-3:00 p.m. CT Register here

For more information about the Ask Robyn calls, contact Robyn Carlson (rcarlson@stratishealth.org)

Telehealth Resource Centers (TRCs) are available to provide assistance, education and information to organizations and individuals who are actively providing or interested in providing medical care at a distance. TRCs are federally funded, so the assistance provided is generally free of charge.

Quality Improvement Toolkit for Emergency Department Transfer Communication Measure. To support hospitals in improving EDTC, this toolkit includes an overview of the quality improvement process and how it can be applied, and tools and resources that can be adapted to support transfer of critical patient information from the ED to other care settings.

www.qualityreportingcenter.com. Although the resources are intended for PPS hospitals participating in the CMS Value-Based Purchasing (VBP) program, and the Inpatient and Outpatient Quality Reporting Programs (IQR and OQR), this site has information on upcoming educational presentations and tools and resources for reporting the CMS Inpatient and Outpatient measures.

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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