

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.

Allegan General Hospital, MI

Allegan General Hospital (AGH) is located in Allegan, Michigan, a quaint river town rich in scenic beauty and outdoor activities, attracting tourists and vacation home owners from the nearby Chicago area. Allegan is said to have been founded with a vision of progressiveness and innovation, and its critical access hospital (CAH), with an average daily census of around eight, certainly lives up to these founding ideas.

Successful with MBQIP measures and actively involved with numerous professional organizations, the independent hospital recently joined Great Lakes Partners for Patients Hospital Improvement Innovation Network (HIIN). This partnership focuses upon evidence-based best practices, reduction of hospital-acquired conditions, and unscheduled admissions.

When asked the “secret sauce” question as to the hospital’s success, Gail Warren, Quality and Infection Prevention Director unhesitatingly responded “it’s our leadership”. She explained that a change in several leadership positions and leaders’ focus on involving frontline staff for performance improvement is creating a positive change in culture.

While the hospital has a long history of providing excellent service as an independent CAH, the senior leadership team renewed emphasis on customer satisfaction using Studer-based values and principles throughout the organization, starting with leadership.

Staff engagement became a major focus for the energized leadership team. This focus is based on the idea that supported employees are more likely to do a good job of supporting patients and families as well as identifying opportunities and actions required for performance improvements.

Recognition and celebration is important at AGH as a way to give thanks to outstanding staff and providers. Such activities include monthly recognitions; pizza parties; ‘commitment to excellence’ pins; and, providing individual Kleenex packets/hand sanitizers or ‘seed packets’ to promote the idea of growth while helping the local bee population.

Executive/leader rounds with staff in each department were initiated to foster relationships and create intentional and consistent solicitation of feedback, suggestions, and opportunities. Huddle and opportunity boards

were implemented on which clinical staff can use leading data and/or provide input regarding concerns and suggestions for improvements. Supervisors look at the boards every day and use a ‘stop light’ format to communicate responses directly on the boards.

Allegan General Hospital performs well across all HCAHPs domains. One tangible, interdisciplinary-team intervention that has positively impacted AGH’s HCAHPS Discharge Information composite score is the use of “My Hospital Experience” binders.

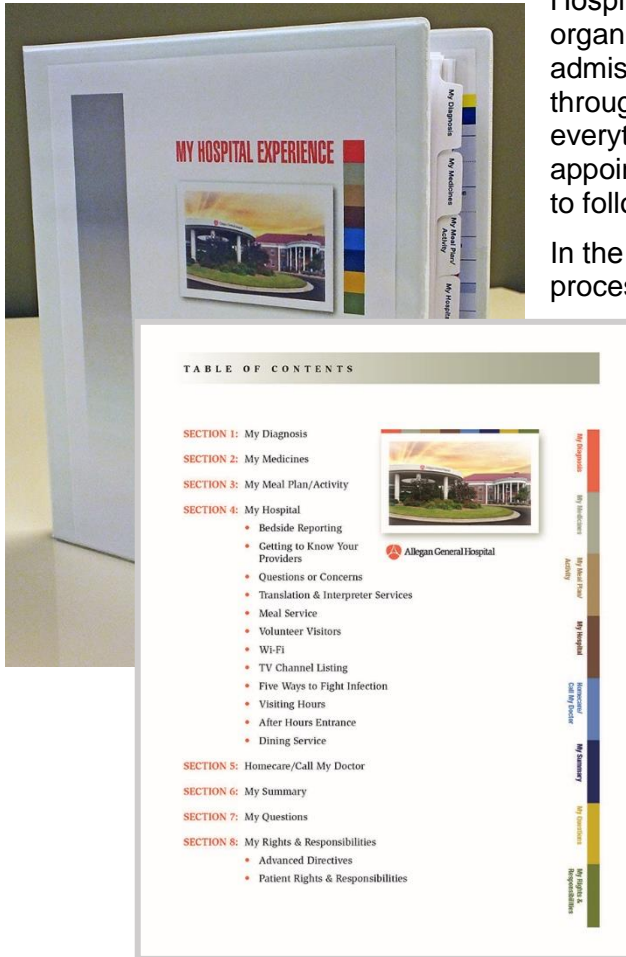
The binders, which are organized by colored tabs, and are given to all patients on admission. The binders are referred to and added to often throughout the hospital stay as education is provided on everything from patient rights, to medications, to discharge appointments. Patients are encouraged to take their binder to follow-up appointments.

In the Emergency Department (ED), a “Pull until Full” triage process has significantly improved the CMS Outpatient Quality Reporting (OQR) measure OP- 20, Median Time from ED Arrival to Provider Contact, reducing it from over 20 minutes to around ten.

Patients used to be triaged by a nurse in a cubicle and then escorted to a room. Patients are now escorted directly to a room for triage until all the rooms are full and then are triaged in the waiting room or a hallway. The change required the installation of computers in each exam room. The new triage process also has been positive in terms of nursing resource efficiency and patient satisfaction. Some patients decline to rate the waiting room on ED satisfaction surveys due to not having been in it long enough to have an opinion.

A snapshot of several other successful quality improvement practices at Allegan General Hospital includes real-time auditing; bedside rounding; shift huddles; use of scripting, checklists, and debriefing tools; and, the application of Plan-Do-Check-Act in a new online reporting system.

Foundations of progressiveness and innovation – these are words that truly capture the spirit of the dynamic team of leaders, providers, and staff at Allegan General Hospital.



Sample page from Allegan General’s “My Hospital Experience” binder for patients.

Data



CAHs Measure Up: Submitting Outpatient Population and Sampling Data

FORHP and Flex Programs encourage CAHs to submit Population and Sampling data each quarter for the inpatient and outpatient measures as part of the reporting process. Submission of population and sampling data is the only mechanism available for CAHs to report that they have zero (0) cases available in one or more of the measure sets. Submission of zero (0) cases for a given measure set through the population and sampling process (when a CAH has no cases to submit) counts as successful reporting for that quarter.

Due to a technical issue in the QualityNet database, CAHs are currently not able to submit Outpatient Population and Sampling data using the grid in the QualityNet Secure Portal. The work-around available from CMS is for CAHs to create and upload an XML file, which is a more time consuming and technical process. It is unclear when the database issue will be fixed. Any CAH can submit Population and Sampling data via the XML submission process, but CAHs with zero (0) cases in one or more of the outpatient measure sets are especially encouraged to use this, as it will enable them to receive credit for reporting.

The next submission deadline for Outpatient population and sampling data is May 1, 2017 (Q4 2016 data). At this time it is anticipated that use of the work-around XML submission process will be needed for at least the next couple of quarters.

To support submission through the Population and Sampling XML process, the Outpatient Reporting Support Center has released a number of helpful resources [at this link](#), including a recorded training webinar, and a template package containing instructions on how to complete the XML template, the template itself, and a sample template.

CAHs are encouraged to review the recording and the full template package – but we've highlighted a couple of key takeaways in the Outpatient Population and Sampling – XML Template Tips guide available at this link:

<https://www.ruralcenter.org/tasc/content/submitting-outpatient-population-and-sampling-using-xml-file>

Tips



Robyn Quips - tips and frequently asked questions Population and Sampling – What’s the Deal?

We admit, we cover population and sampling a lot – because it’s an important topic. The Data section in this issue explains why the population numbers are important for hospitals to receive credit for MBQIP reporting, and this collection of Q&As further explains the importance of submitting population and sampling data.

Q: What is population and sampling?

A: The population is the number of cases in each measure set that the hospital submits to the QualityNet warehouse. The first step in reporting is to determine the initial population for the measure. The number of cases that meet those requirements is your population. Instructions on how to determine your population can be found in the Measurement Information and Population and Sampling sections of the [Inpatient](#) and [Outpatient](#) Hospital Quality Reporting Specifications Manuals, or by viewing the [MBQIP Data Abstraction Training Series](#). This number that you determine for each measure is your population number for the population and sampling.

Sampling could occur if the hospital has a large number of cases for the measure set and meets the sample size requirements found in the CMS Specifications Manual. If you meet the requirements and chose to sample, that number would be your sample size for the population and sampling.

Q: Is this required?

A: No, but, (there is always a but!) it is strongly encouraged by FORHP as part of the reporting process. The MBQIP reports are using that population and sampling data to help show why the hospital may have no cases in the warehouse for the quarter. The population and sampling data will allow the reports to accurately reflect that you had no cases to submit (0) rather than just show that you submitted no cases (N/A) at all.

Q: Are you talking about that N/A or 0 that’s appearing on the reports?

A: Yes. If you submitted cases to for a measure, no problem, the warehouse shows data. If you have no cases to submit or if you chose to not submit – both are considered “no data” in the warehouse, and an N/A shows on your report. But those are two very different reporting situations. You don’t want having no cases to submit look like you are not reporting. Entering a zero for your population allows the report developers to look at that and see you had no cases to submit and so a zero (0) goes on your report.

Q: I tried to submit population and sampling data last quarter and I couldn’t do it thru the grid like before. I was told I had to submit via an XML file. What’s that about?

A: Due to a technical issue that happened during an upgrade, CAHs are not able to submit Outpatient Population and Sampling data through the grid in the QualityNet secure portal like they were in the past. The only

way to submit the population and sampling data at this time is via an XML file. You will determine your population and sampling numbers just as you did in the past but instead of just inserting the numbers in the grid, an XML file needs to be submitted.

Q: Are there instructions on how to make and submit this file?

A: CMS held webinar on April 5, 2017 on filling in and submitting the outpatient population and sampling XML file. It included a sample template along with instructions. The webinar can be found on the Quality Reporting Center Site, in the Outpatient Section, archived events. Also, look in the Data section of this MBQIP Monthly for a resource on how to fill out an XML file.

Q: This seems complicated and a lot more work than just putting numbers in a grid! What happens if we don't do it?

A: The primary reason for the submission of population and sampling data for the MBQIP program is a way for the CAHs to show that they had zero (0) cases to submit for one or more of the measure sets in a given quarter. To differentiate on your MBQIP report between the warehouse having no data because you had no data to report rather than having no data because you chose not to report at all. Because FORHP realizes the process of filling out and submitting an XML file is not as simple as filling out the grid, they recommend utilization of the work-around XML submission process for CAH's with zero cases to submit. If you have cases to submit you do not have to submit the population and sampling data at this time. Of course you can submit population and sampling for all your measures if you wish to do so.

Q: When will this be fixed so we can go back to filling out the population and sampling grid?

A: We anticipate this XML file submission process will be needed for at least the next 2-3 reporting periods.

Q: What about the reporting population and sampling for IMM-2?

A: That is an inpatient reporting measure and that submission process was not affected. You can submit the population and sampling for that measure on the grid as you have in the past.

Q: What if we have a vendor submitting our population and sampling data, does this apply to them?

A: Submitting an XML file is the only way the outpatient population and sampling data can be submitted. Check with your vendor to see if they are submitting this data for you.

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

Tools



Tools and Resources

Recorded Webinar: [CMS Abstraction and Reporting Tool \(CART\): Knowing the Basics](#). Overview of the steps required for entering abstractions into CART. This presentation also demonstrates how to export your abstractions and submit your data into the QualityNet Secure File Transfer. Included are tips and tricks to help you along the way. (43-minute webinar)

Due May 15! [Healthcare Professional Flu Measure \(OP-27\) Webinar](#). This recorded webinar provides an overview of the Healthcare Professional Flu measure (OP-27), including how to sign up for an account through the National Safety Healthcare Network (NHSN), the measure submission process, and available quality improvement support. A summary of frequently asked reporting questions also is posted. (86-minute webinar)

[Using Pull Systems to Improve Flow](#). This resource page from the Institute for Healthcare Improvement describes a “pull system of service” and links to a variety of change ideas that focus on improving patient flow in hospitals.

[National Quality Reporting Crosswalk for Critical Access Hospitals](#). This crosswalk provides a basic understanding of quality reporting initiatives taking place on a national level including the lead organization and purpose of such initiatives, the measures used by each initiative and any overlap in measures across initiatives.

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:

- 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)



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