MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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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.

CrossRidge Community Hospital, AR

A telling gauge of a critical access hospital's success is the community pride and support it receives. The citizens of Wynne, Arkansas, value CrossRidge Community Hospital, They have passed a one-cent sales tax to support the hospital since 2000. The hospital's most recent vote of competence was 93 percent.

The hospital makes good on the investment, delivering top notch care to around 18,000 people living in Wynne and the surrounding agricultural communities. With strong system support from St. Bernards Healthcare, quality improvement success at CrossRidge extends beyond all MBQIP domains to strong participation in the Arkansas Hospital Association Hospital Improvement and Innovation Network (HIIN).

Director of Nurses Amelia Davis describes a passionate quest by leaders, nurses, housekeepers, and other staff to use data to validate the exceptional care delivered at CrossRidge. Pat Hamilton, quality director, said that their CEO is so eager to use data that he frequently asks for it before it is available.

At CrossRidge, data is key to revealing improvement opportunities or reasons to celebrate. Improvement opportunities initiate staff and provider education and review of processes. Celebration is a driver of employee engagement and improvement momentum. Recent HCAHPS successes will be celebrated with an ice cream social with door prizes. A banner picturing every employee as a contributor to patient experience will be unveiled.

Data also drives improvement through friendly competition among nurses and physicians, particularly in the emergency department. Heart-shaped lapel pins are awarded to physicians and nurses involved in each transfer of AMI patients completed within 30 minutes. A lot of enthusiasm - and outstanding AMI care - is generated in the quest for the most pins.

Other HCAHPS success determinants include hourly rounding, nurse bedside shift reports, and a solid discharge transition process. Although nurses suspected they were in patient rooms more frequently than hourly, they added hourly rounding to the body of performance improvement data that drives evidence based care. Hourly rounds, guided by the 4 Ps – pain,

potty, positioning and personal space, are documented in the electronic health record (EHR).

*CrossRidge ED staff wearing heart lapel pins for timely AMI care.*

Nurse bedside shift reporting, which improves quality and safety by engaging patients and family members in their care, requires mindset change about how a nurse's work day will begin. Davis said it was challenging to implement. Nurses designed and improved the template during implementation. Charge nurses, who are not assigned patients, conduct observational audits to ensure the report goals are met.

Patient preparation for discharge at CrossRidge begins on admission, and all written education is placed into patient take-home packets. To take patient preferences into account, social workers communicate with each patient and a multi-disciplinary team meets twice a week to discuss transitions of care.

Transfer communication is a priority for CrossRidge's emergency department, but the MBQIP Care Transitions measure, Emergency Department Transfer Communications (EDTC), spurred the revision of transfer sheets for hospitals and nursing homes. The revised forms accommodate data elements included in the EDTC data specifications manual, and proved to be successful based on near perfect performance on this measure. Transfer communication became even more reliable when the hospital's EHR was made available to the local nursing home. To ensure consistent EDTC performance, Janet Perry, ED manager, monitors transfer forms for completeness and provides feedback to ED physicians and nurses. A patient experience team took on the task of improving MBQIP outpatient measures involving ED throughput. A review of data was the first step. One improvement was separating ED patients' registration from other outpatients. A kiosk was added. Patients scan thumbprints to start the registration process and are queued. All patients with life threatening emergencies are prompted to go directly to registration. Auxiliary volunteers help guide patients to the appropriate areas. The process improvements led to improved acute myocardial infarction (AMI) care. Chest pain patients are considered to be having a heart attack until proven otherwise, triaged consistently within five minutes, and receive an EKG within ten minutes. Aspirin, kept next to the machine, is administered at the time of the EKG.
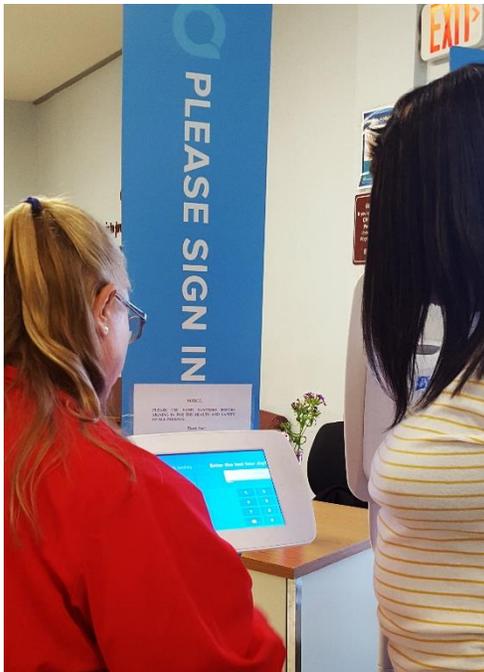
CrossRidge thumbprint scan registration kiosk.

Implementing EHR hard stops achieved almost perfect IMM 2 (Inpatient Influenza Immunization) consistency. Nurses cannot continue recording an admission assessment without addressing influenza immunization status, and cannot complete discharge documentation without administering immunizations to eligible patients. An incentive policy related to sick pay for influenza-related illnesses was adopted for providers and a large progress thermometer in public view near the dining room drove performance above 90 percent.

CrossRidge Community Hospital is a perfect example of the great things that happen in a critical access hospital when stewardship to the community is honored and data is utilized effectively. The residents of Wynne, Arkansas can be proud!

Data

CAHs Measure Up: HCAHPS Best Practices You Can Use

This month, RQITA released A Study of HCAHPS Best Practices in High Performing Critical Access Hospitals, which contains a wealth of HCAHPS best practices shared by high performing critical access hospitals across the United States during a series of focus group interviews performed in late 2016. In it, you'll find tangible improvement strategies and effective best practices for each component of HCAHPS.

The critical access hospitals randomly selected to participate in these focus groups had collective HCAHPS performance that was equivalent to a 4 or 5 star HCAHPS rating. In fact, for each HCAHPS measure, the focus group was performing near the 90th percentile benchmark as compared to all hospitals in the nation.

Benchmarking is one way for you to understand your performance, and identify areas to celebrate as well as places you might focus improvement efforts. A general overview of benchmarking can be found in the March 2017 MBQIP Monthly. Consider comparing each measure in your hospital's most recent MBQIP HCAHPS report to the state and national average (these can also be found within your HCAHPS report), as well as to the national 90th percentiles (located on HCAHPS Online under the "HCAHPS Percentage Table" section). Locate the HCAHPS measures where your hospital has room for improvement, then navigate to those measures within A Study of HCAHPS Best Practices in High Performing Critical Access Hospitals to learn about what some of the highest-performing CAHs are doing to succeed. Are there any strategies your hospital might consider trying?

Tips

Robyn Quips - tips and frequently asked questions
In the Population or Excluded: How do I Know?

This month I'll try to address the difference between how a case gets *included in* or *excluded from* a measure. This is different than being included or excluded from the initial population for a measure. Before you even start to abstract you know which cases are included or excluded from the population, but you won't know if a case is included or excluded from a measure until after you complete your abstraction.

As I've said before, the first step in abstracting for the measures is to determine the population for that measure. Each measure set has specific requirements that a case must meet to be in the measure population. Every measure section in the Inpatient and Outpatient Hospital Quality Reporting Manuals lists the instructions for how to determine that measures population. The requirements can include having a certain principal diagnosis code, being a certain age, being discharged to a specific type of facility, etc. Cases that meet these requirements are included in the population for a measure. They are the cases you abstract for that measure. *You* don't exclude any cases from that population.

Ok, so now that you have determined which cases are in the population for the measure, what's next? You enter those cases into whichever data abstraction tool you use. Every single one. How you answer the data element questions determines whether a case is included or excluded from the measure. The answers determine if a case should be excluded from the measure criteria.

Let me give you an example using the AMI measures OP-1, Median Time to Fibrinolysis and OP-2, Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival. The population for the AMI measure set is based on patient age, ICD-10 principal diagnosis code and discharge code. You're starting to abstract and you see that none of the cases in your population were given fibrinolytics – you don't do that at your facility. Do you exclude those cases from abstraction? NO. The population for the AMI measure set doesn't say exclude those not given fibrinolytics. There is nothing about fibrinolytics in the population requirements. So what do you do? You abstract those cases because they are part of the AMI population. When it gets to the data elements asking about fibrinolytics you would answer no if the patient didn't receive any, and that case would be excluded from the measure criteria because of how you answered the data element question.

So to recap, if the case meets the initial measure population criteria, it gets abstracted and the outcome of the abstraction determines whether the case is excluded from the measure. If the case isn't excluded, then it either passes or fails the measure, again depending on how the data element questions are answered. For help on answering those data element questions correctly, check out the recorded MBQIP Data Abstraction Training Series on YouTube. Don't let incorrect abstraction be a reason for your cases failing a measure.
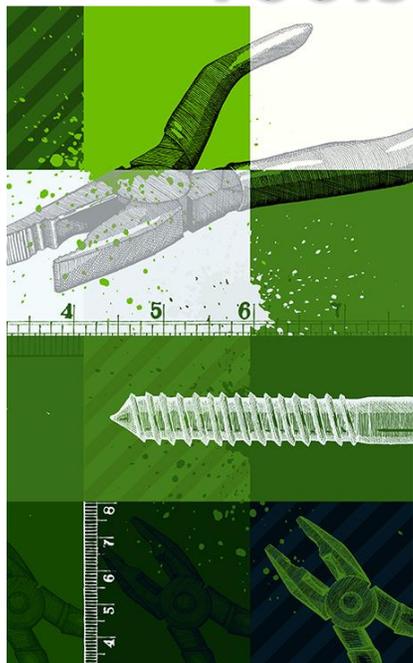
Tools

Tools and Resources

AHRQ's Guide to Patient and Family Engagement in Hospital Quality and Safety includes a section on Nurse Bedside Shift Report, which is said to improve nursing communication by involving the patient and family in the change of shift report for nurses.

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
- September 20   2:00-3:00 p.m. CT   Register here

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

Emergency Department Transfer Communication Measure Resources. Data specifications manual, Excel-based data collection tool, recorded trainings, quality improvement toolkit. (NOTE: You can continue using the Excel-based data collection tool used in previous year(s) – just update the green box on the initial information page to read 2017 instead of 2016.)

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.

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)

Study of HCAHPS Best Practices in High Performing Critical Access Hospitals. Improvement strategies and effective best practices for each component of HCAHPS, collected from high performing critical access hospitals across the U.S. during a series of focus group interviews conducted in late 2016.

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.