

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.

Polk Medical Center, GA

[Polk Medical Center](#), a 25-bed critical access hospital located in Cedartown, Georgia, in largely rural Polk County. This Joint Commission accredited facility of 125 employees serves 28,000 patients annually and has an average daily census of 21, with a majority of those patients occupying swing beds. The hospital partnered with Floyd Health System in 2012 and in 2014 opened a new facility to better care for the communities they serve.

When asked about the elements that contribute to their high performance, the team at Polk Medical Center quickly identified their use of the Lean Six Sigma methodology as crucial to their success. Staff throughout the organization trained in this methodology help lead process improvement efforts, with everyone speaking the same process improvement language. Hospital specific data is a primary driver of initiatives, and the use rapid cycle improvement allows teams to test a new method, complete with data collection and analysis, before pushing for full implementation.

The hospital's work to improve patient experience by reducing wait times and overall use of call lights is an example of applying Lean to drive process improvement. Staff on the inpatient unit conducted a rapid cycle test related to patient rounding to better understand how implementing a new process would positively impact their work. The number of call lights was tracked for three days with no intervention; staff simply maintained their status quo workflows. The unit then implemented rounding with purpose and saw a dramatic decrease in the number of call lights. Quality leaders point to the importance of the facility-specific data and the rapid cycle test in this process improvement as a key factor promoting buy-in to changing the process.

Another notable initiative that supports Polk Medical Center's high performance on HCAHPS is their full team approach. Initially it was a struggle to get staff on board, but once non-nursing staff such as dietary, environmental services, and CNAs recognized they had a role in ensuring positive patient experience, the team began to make progress. And it goes beyond frontline staff; leadership is involved in rounding on patients at least a few times a week, and pharmacy rounds weekly to answer questions about medications.

Polk Medical Center has implemented all seven of the CDC [core elements for antibiotic stewardship](#), and weekly pharmacy rounds include visits to patients that are receiving antibiotics, linking HCAHPS improvement efforts to antibiotic stewardship. In an effort to further decrease fluoroquinolone use, Polk Medical Center focused on appropriate treatment for uncomplicated UTIs. Pharmacy outreach and education to prescribers over the course of 11 months resulted in a decrease in the use of broad-spectrum fluoroquinolone antibiotics in the emergency department from 33 percent to 8 percent. To further that progress, they recently worked with their partners at Floyd Health System, to collect data specific to bacteria in their urine isolate and develop an antibiogram, identifying the three most prominent bugs, and which antibiotics were most effective for treatment. They developed first, second, and third line treatment guides including what medication to use and for what duration. Again, quality leaders cited the use of their own data as essential to engaging clinicians in this effort.



Members of the Polk Medical Center team. From left: Christy Lindsey, Clinical Pharmacist, Anita Jackson, Director, West Wing and Outpatient Infusion Therapy, Tifani P. Kinard, Chief Nursing Officer, Kristi Mobbs, Director, Emergency Department, Daniel Bevels, Public Relations Manager.

Influenza immunization is one of Polk Medical Center's highest performing MBQIP areas, for both their inpatients and staff. The health system uses a system of colored stickers on name badges to identify staff that have received their vaccination. This serves as a reminder to staff to get their flu shot, but also gives leaders a visual aid to track on which staff haven't received the vaccination and so are required to wear a mask during flu season.

As an accredited Chest Pain Center, the hospital tracks on all related metrics. Diagnostic testing like ECGs are priority tasks. To keep things moving smoothly, most emergency department patients are triaged at the bedside, which allows providers to see patients quickly, impacting the amount of time it takes to make a decision about admission or transfer. Those patients who are admitted are quickly moved to the floor,

while low acuity patients are triaged in one of the overflow rooms to keep beds available.

While data, tests of change, and a shared methodology are important, it's the people who carry out the work. As with many CAHs, the team at Polk Medical Center have a passion for caring for the local community, many of whom are their family, friends, and neighbors. There is a real sense of ownership of the care delivered, which is supported by a culture of accountability modeled by leadership, carried through to frontline staff, and demonstrated in high performance across the board.

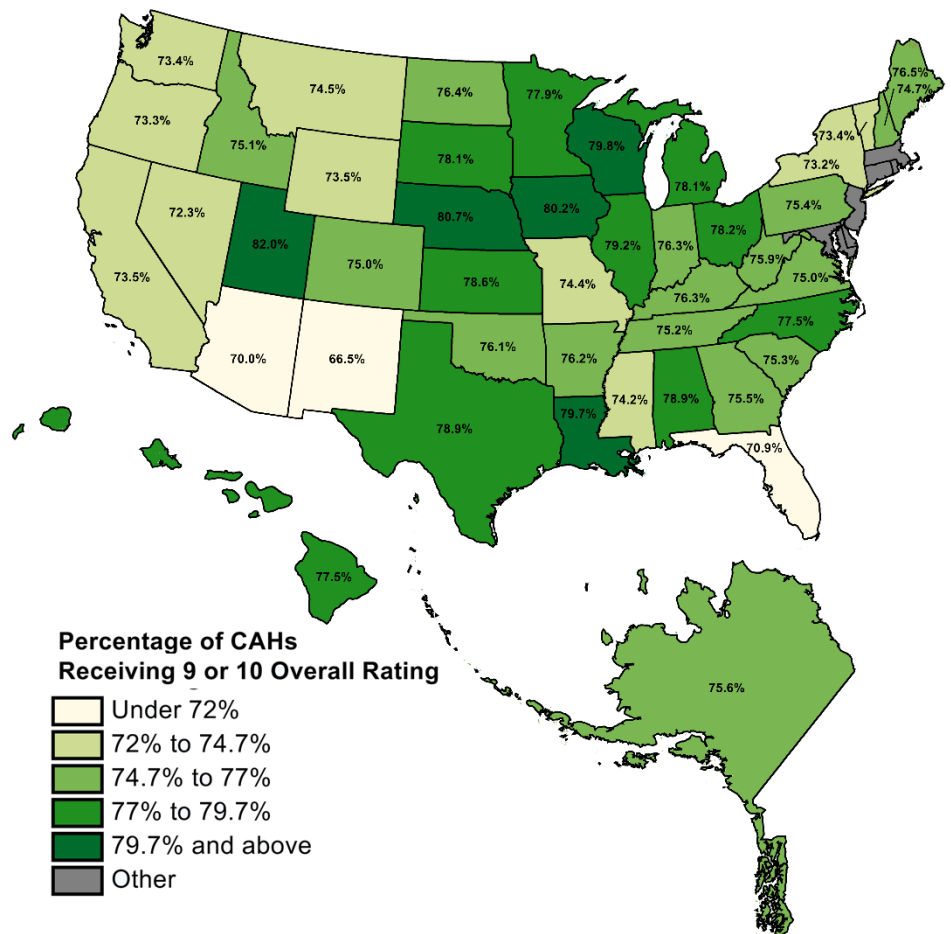
Data



CAHs Measure Up: HCAHPS Performance in 2016

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that provides a standardized way to measure patients’ perspective on hospital quality of care. Each year, the Flex Monitoring Team (FMT) releases a set of reports summarizing HCAHPS reporting rates and performance for all CAHs across the nation and by state. The [reports](#), released in late 2017, summarize CAH HCAHPS reporting and performance for discharges during calendar year 2016. Consider using these reports as a source for benchmarking data to supplement what you will find on [HCAHPS Online](#) (which includes performance percentiles and other data for all hospitals, not just CAHs).

In 2016, 81.2 percent of CAHs reported HCAHPS survey data – up from 75.8 percent of CAHs the year before and just 41.3 percent of CAHs five years before in 2011. Most CAHs had an HCAHPS survey response rate between 25 and 50 percent. In 2016, CAHs across the nation had the best HCAHPS results in measures related to information about recovery at home, doctor and nurse communication, room cleanliness, and overall hospital rating. The map below shows performance for the overall hospital rating by state – this is the percentage of patients who rated hospitals a 9 or a 10 overall on a scale from 0 to 10. Similar information for all HCAHPS measures by state can be found on page five of the [overall FMT report](#).



How does your hospital’s performance on various HCAHPS measures compare to other CAHs in your state? In the nation?

Tips



Robyn Quips - tips and frequently asked questions

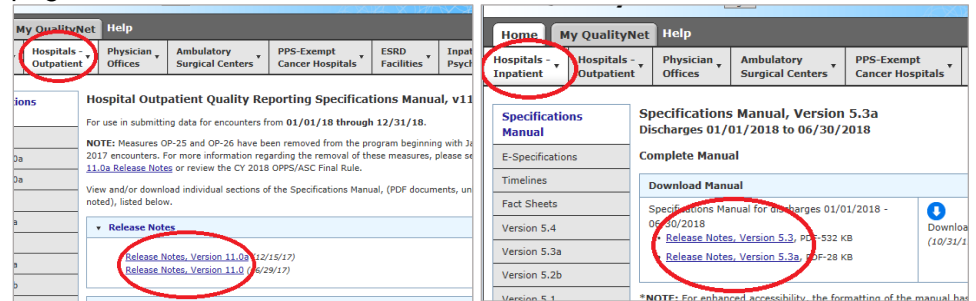
CART Versions

If you haven't already done so, before starting fourth quarter 2017 abstractions, update CART to the latest versions: Outpatient 1.16 and Inpatient 4.20.2. Even though you are still doing 2017 records, and the timeframes for these versions indicate they are for 2018, you still should update. That's because additions/deletions to ICD-10 codes are done in October of each year, and only the latest version of CART would have those changes. Not updating could result in a situation where a new ICD-10 code was added and given to the patient, but is not available in the older version of CART.

Specifications Manuals

Since many of you are still abstracting 2017 records, you don't want to use instructions from the new 2018 version of the Inpatient and Outpatient Specifications Manuals. Use the 2017 manuals until you start abstracting 2018 encounters/visits. Changes that may have been made in these new manuals are not to be used until abstracting 2018 records.

Just a reminder, the way to find if any changes were made to the manuals is by reading the Release Notes! They are found on the same QualityNet page as the manuals:



Go to Guides

Hospital Quality Measure Guides

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

Abstraction for Accuracy Consultation – Space still available

Often, if you are the only person in your hospital doing abstraction, there is no one to bounce questions off, or check to see if you are interpreting the instructions in the Specifications Manual correctly. This is an opportunity to validate your data collection process and identify opportunities for additional training and clarification as it relates to chart abstraction by comparing notes with an abstraction professional.

A sample of inpatient, outpatient, and EDTC abstractions done by the hospital will be re-abstracted by me, Robyn Carlson. After my abstraction a phone consultation will be set up to discuss the results. Note: hospitals will need to send hard copies of the entire inpatient stay or outpatient encounter along with a hard copy of their abstraction tool. More information about the process guidelines and how to request a consultation [can be found here](#).

Tools



Tools and Resources

[Abstracting for Accuracy Consultation](#)

This project offers critical access hospitals (CAHs) an opportunity to participate in an abstracting review process to help increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

[NHSN Annual Facility Survey for Critical Access Hospitals Webinar](#)

This webinar recording from the Federal Office of Rural Health Policy (FORHP) and the Centers for Disease Control and Prevention (CDC) is geared specifically to critical access hospitals (CAHs). It includes:

- Information about completion of the National Healthcare Safety Network (NHSN) Annual Facility Survey and its use in monitoring the implementation of antibiotic stewardship programs
- Instructions for how to run analysis of survey level data and modify reports, including the core elements of antibiotic stewardship line list
- A review of best practices for location mapping in NHSN, including common location mapping scenarios specific to CAHs

[Coordinated-Transitional Care Program \(C-TraC\) Toolkit](#)

C-TraC is a low resource, evidence based, nurse driven protocol developed by Veterans Affairs hospital nurse case managers to provide phone-based support and advocacy post-discharge to at-risk, community-dwelling patients and their care givers. The toolkit provides a step-by-step guide to implementing core protocol elements, and information on barriers and challenges. Free registration is required to access the toolkit.

[Institute for Patient- and Family-Centered Care \(IPFCC\)](#)

Implementing patient and family centered care practices are one method to support improvement, particularly related to patient experience of care as measured by HCAHPS. IPFCC is a non-profit group that provides leadership to advance the understanding and practice of patient- and family-centered care. Their website provides best practices, profiles, and resources.

[An Overview of Lean](#)

Developed by the National Rural Health Resource Center for Small Hospital Improvement Grantees, this guide provides an overview of the five key concepts of Lean thinking, steps for implementation, and links to Lean in health care related resources.



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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