MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the Technical Assistance and Services Center (TASC) website.

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Find past issues of this newsletter and links to other MBQIP resources on TASC's MBQIP Monthly webpage.

Antibiotic Stewardship Profile Series: Clarke County Hospital

In the October MBQIP Monthly, we highlighted a new resource, Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs, which shares implementation and enhancement strategies for antibiotic stewardship based on the Centers for Disease Control and Prevention's (CDC's) seven core elements of antibiotic stewardship for hospitals. Insights were collected from high performing critical access hospitals (CAHs) across the U.S. during focus group interviews conducted in Spring 2019.

In this second in a series of profiles below, Michele Evink, MS, PharmD, BCGP, pharmacy manager for focus group participant Clarke County Hospital in Osceola, Iowa, outlines what antibiotic stewardship looks like at her facility.

Background
Clarke County Hospital (CCH) serves a large variety of patients, including emergency department (ED), outpatient infusion, specialty clinic, observation, acute, skilled, and extended swing. CCH extended swing patients are cared for at a similar level to an intermediate care facility (ICF). In July of 2019, CCH added a rural health clinic to its services. CCH is a county hospital and enjoys an affiliation with integrated health system UnityPoint Health, which allows them access to additional experts and services.

One of CCH's specialty clinics uses a visiting oncologist. The weekly volume changes, but CCH routinely provides outpatient chemotherapy to six to ten patients at any given time.

CCH has expanded services over the past five years to include outpatient antibiotic infusions. In collaboration with infectious disease practitioners in Des Moines, CCH provides daily infusions to patients for wound-related infections, osteomyelitis, and other long-term infusions.

The CCH pharmacy has three FTEs, two pharmacists, and a technician. They also serve as a rotation site for Drake University and University of Iowa student pharmacists and have student pharmacists most of the year.

Our Antibiotic Stewardship Journey
CCH's affiliation with UnityPoint helped CCH significantly because the system is dedicated to antimicrobial stewardship and has implemented

many programs at the larger hospitals which CCH has been able to monitor and then implement at the facility level, as desired. The key has been timely culture results that have allowed the pharmacists to help direct antimicrobial decisions. This cannot be achieved without a supportive and receptive medical staff. The relationship between pharmacy and providers, both internally and externally, has been crucial to achieving success for CCH and its patients. That portion of the journey began in 2014.

CCH had the opportunity to solidify their plan in 2018 when the Iowa Healthcare Collaborative and Iowa Department of Public Health invited them to a program called Swim Toward Stewardship. The program provided dedicated assistance to help us with our journey and monthly discussions about the CDC core elements.

Leadership & Accountability
CCH has an antimicrobial stewardship committee for the hospital that includes many disciplines. The committee is chaired by the pharmacy manager and consists of a provider, informatics staff, the laboratory manager, the quality manager, the infection control nurse, and the medical-surgical nurse manager. The support from senior leadership is seen in the time commitment from providers to assist with this effort as well as attendance at meetings.

Regular communication with medical staff about the flow of information, how decisions can be strengthened, trends, and any concerns or input they might have has helped improve the program.

Drug Expertise
Until three years ago, CCH only had one pharmacist on staff who, among all other responsibilities, was dedicated to watching and improving antimicrobial usage. This began by developing relationships with providers and the infectious disease specialists in Des Moines, so that the pharmacist could be more confident in her suggestions. Over time, CCH grew this to include after-hours coverage, also through the Des Moines UnityPoint affiliate, so those pharmacists could also be relied upon for support.

Action
- **Facility-Specific Treatment Recommendations**
  One of the first changes CCH made when they entered Swim Toward Stewardship was to obtain a facility-specific antibiogram. They had previously utilized a consolidated one from the laboratory that processes their cultures. They have recognized that, in addition to Clarke County, the local nursing home represents a specific biome for bacteria that must be considered when the selection of agents is being completed. This has led to more targeted therapy. The number of cultures they have limits their ability to continue to drill down on specifics. Instead, they continue to watch best practices, which has helped them continue to evolve the most appropriate selections.
- **Prospective Audit and Feedback**
  CCH is continually monitoring inpatients and their medications to minimize unnecessary exposure to antimicrobials. The biggest challenge is patients that go through the ED and rural health clinic, as their prescriptions have already been written and filled. The opportunity there is primarily in escalation instead of de-escalation. Encouraging appropriate cultures has helped providers see patterns and make optimal empiric choices with the initial therapy.
- **Prior Authorization for Specific Antibiotic Agents**
  CCH does not have any prior authorization processes in place.

However, by nature of their inventory, they are often able to accomplish this. They are careful about the selection kept on hand, which assists in controlling unnecessary use.

- **Documentation of Indication for All Antibiotics**
  CCH has not yet achieved having an indication for all antibiotics on the chart. This is an ongoing effort. For patients on the medical-surgical floor, the CCH team discusses antibiotics daily at their multidisciplinary huddle, including the indication for all antibiotics.
- **Antibiotic Time-Out**
  Because CCH has a daily multidisciplinary huddle, they've been utilizing that time as an opportunity to have a time out. It has been working well as a time to deescalate, change from IV to oral, or discontinue medications that are no longer needed.

Tracking & Reporting
CCH's electronic health record vendor, Epic, does an excellent job of driving protocols through specific and targeted admission order sets that encourage proper empiric selection from the beginning. CCH has not identified significant issues with those orders. There is less direction with selection of medications for discharge. This remains one of CCH's biggest opportunities, mostly in duration of therapy vs. selection of agent. Tracking is done through interventions completed on discharge prescriptions associated with cultures. Tracking and reporting is an area where CCH sees opportunities to grow.

Education
CCH's best education has been with ED physicians through the ED medical director and reports to medical staff. CCH's size leads to high participation in conversations during medical staff meetings. The pharmacy has been able to send reports and information through medical staff where it is presented, and discussion can be held. They are still working to establish the best education for patients and families.

Collaboration
Clarke County is fortunate to be the only hospital in the area. This leads to processing of all cultures for patients that receive care in the county or reside at the local ICF. Through the monitoring of culture results, CCH can provide feedback on selection of agents and on changing trends. They are especially watching for any changes in the frequency of extended-spectrum beta-lactamase (ESBL) producing bacteria.

At the heart of collaboration is the trust and relationships CCH professionals put in each other. Over time, they have developed excellent relationships that allow CCH to look to each other for information, ask questions freely, and appreciate each facility's and each professional's perspective as they work toward better use of antimicrobials.

Words of Wisdom and Advice
"The journey toward optimal antimicrobial use never ends. Success is seen in incremental changes. These two things make the challenge of stewardship even greater. My most valuable advice would be not to allow the quest for the perfect answer to get in the way of progress. Each step forward will enable us to do a better job of managing our usage, even small steps. My family's motto is, 'The joy is in the journey'. That's a good thing to keep in mind while in the midst of any stewardship program." – Michele Evink, MS, PharmD, BCGP

## CAHs Measure Up: Measuring the Influenza Season

We're already in the midst of the 2019-2020 influenza season! Receiving an influenza vaccination is important both for patients and health care professionals. Two influenza-related measures have been part of MBQIP:

- IMM-2, or influenza immunization for patients, was reported through Q4 2018 encounters. It was retired/removed from CMS reporting after Q4 2018 data was submitted. IMM-2 rates for Q4 2018 are on the second page of your Q4 2018 MBQIP Patient Safety and Outpatient Data Reports. After Q4 2018, IMM-2 rates are not available on MBQIP Data Reports because the measure is no longer reported. However, it's still important to immunize patients and we encourage you to track this data on your own!
- OP-27/HCP/IMM-3, or influenza vaccination coverage among healthcare personnel, is reported once a year via NHSN – the Centers for Disease Control and Prevention's National Healthcare Safety Network. The most current OP-27/HCP/IMM-3 rate is on the third page of your Q1 2019 MBQIP Patient Safety and Outpatient Data Report. The numbers represent vaccinations given during the 2018-2019 influenza season.

The two maps below show 2018-2019 influenza season state rates for IMM-2 (just Q4 2018) and OP-27/HCP/IMM-3. (CAHs that didn't report don't contribute to the state rates.)

For the measures covering the last influenza season (2018-2019):

- IMM-2 had an 86.2% national average immunization rate; 1,013 CAHs reported immunization data in Q4 2018
- OP-27/HCP/IMM-3 had a 90.4% national average immunization rate; 985 CAHs reported
- Though the national averages were similar, some states had great variability between the two rates. Among the 801 CAHs that reported both IMM-2 and OP-27/HCP/IMM-3, patient immunization rates ranged from 96 percentage points lower to 65 percentage points higher than the immunization rates for CAH healthcare personnel.
  - 32 states had CAH patient populations with lower rates than health care workers
  - 11 states had CAH patient populations with higher rates than health care workers
  - 2 states had the same immunization rates across patients and health care workers
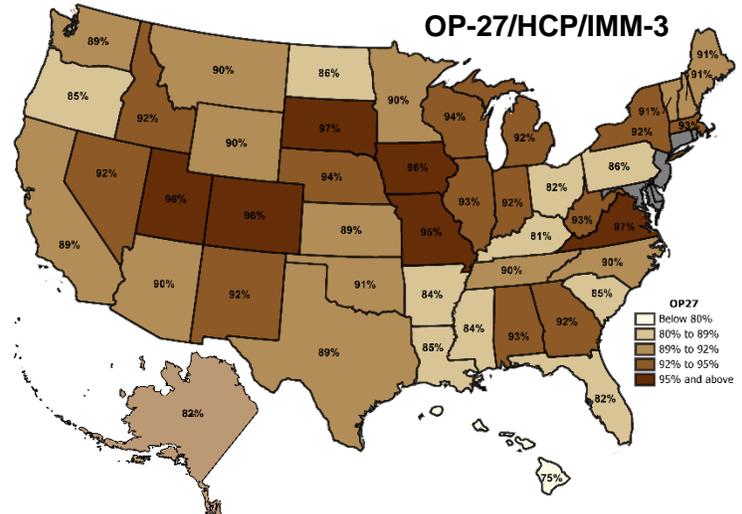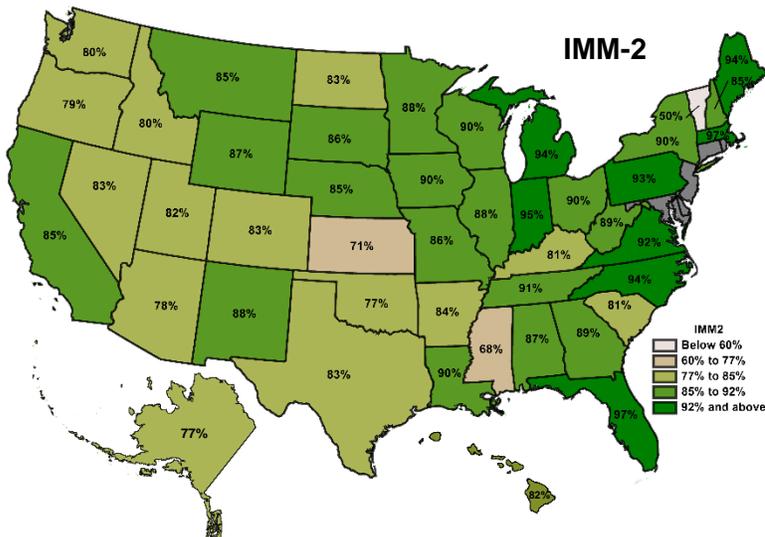
How did your state perform during the 2018-2019 flu season? How did your hospital compare to the state? Did you improve compared to the 2017-2018 flu season? Check your MBQIP data reports to see. Contact your state Flex program with questions about the reports. Where do you want to be this influenza season?

Tips
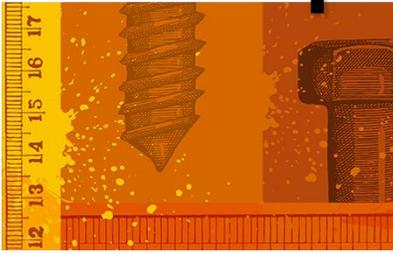
Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide

- Emergency Department Transfer Communications

- Inpatient Specifications Manual

- Outpatient Specifications Manual

Abstracting Resources
Abstracting for Accuracy Consultation
Sign up for this customized abstraction review process and phone consultation that will provide your hospital the opportunity to receive one-on-one education and assistance on how to abstract the MBQIP core measures. Abstracting for Accuracy can help CAHs increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

Robyn Quips - tips and frequently asked questions

Upcoming EDTC Measure Specifications Manual Training

The Federal Office of Rural Health Policy (FORHP) has announced that a revised version of the Emergency Department Transfer Communication (EDTC) measure will be utilized as part of the Medicare Beneficiary Quality Improvement Program (MBQIP) starting with Q1 2020 data collection. The revisions reduce total measure elements from 27 to eight. The rationale for these revisions is to streamline data collection and include those data elements that are essential for continuity of care and care coordination. A summary of the revisions to the measure is available online.

The training won't be only on the EDTC revisions; I'll be going over the complete manual. I have found in talking with CAHs that some never had any training on abstracting this measure. Some never knew there was a manual. Many have not been pulling the correct population and/or accepting incorrect documentation for the measure. This is the time to learn about not only the revisions to the measures but to make sure you are collecting valid and accurate data by following the Specification Manual instructions.

You only need to register for one session; the content will be the same each time. Registration is limited, so if a particular date works best for you, don't wait. If you try to register and the session is full, pick another date. Remember that the new EDTC measures are not to be used until you are abstracting January 1, 2020 encounters which are not due until April 2020. You still have 4th Quarter 2019 to abstract using the current manual and data elements. So, don't worry if you end up with the January training date, that date might actually work better for those of you who abstract the quarter closer to the due date.

Training dates/times:
- Thursday, December 12, 2019, 2:00-3:00 p.m. CT – Register
- Wednesday, December 18, 2019, 11:00-12:00 p.m. CT – Register
- January 8, 2020, 3:00-4:00 p.m. CT – Register

Please have the revised EDTC Data Specifications Manual available for the training session.

There will be a recorded training session for those who can't attend one of the above dates. It will be posted to the EDTC Resources page by early January.

Tools
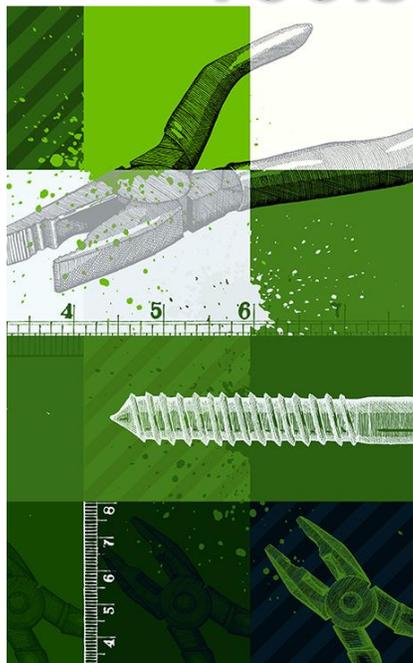
Tools and Resources

***New!* Emergency Department Transfer Communication (EDTC) Specifications Manual.** The Specifications Manual for the revised EDTC measure is now available. Hospitals should use the revised specifications manual for data collection starting with January 1, 2020, encounters. See page 5 for information on upcoming EDTC training opportunities. Additional resources, including an updated Excel-based data collection tool, are also available.

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Wednesday, January 22, 2020, 2:00 – 3:00 p.m. CT** – **Register**
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. For more information about the Ask Robyn calls, contact Robyn Carlson, rcarlson@stratishealth.org.

Can't make the call? The Online MBQIP Data Abstraction Training Series is always available as a resource.

***Updated!* Critical Access Hospital eCQM Resource List.** This list of resources related to electronic clinical quality measure (eCQM) reporting is intended to aid critical access hospitals seeking to meet the quality measure reporting requirements for the Promoting Interoperability Program (formerly known as the Medicare EHR Incentive Program).

***New!* Toolkit To Improve Antibiotic Use in Acute Care Hospitals.**
Developed by the Agency for Healthcare Quality and Research (AHRQ), this toolkit uses the "Four Moments of Antibiotic Decision Making" a framework to support implementation focused on critical program areas including:
- Developing and improving your antibiotic stewardship program,
- Creating a culture of safety around antibiotic prescribing in your hospital, and
- Learning and disseminating best practices for the diagnosis and treatment of common infectious disease syndromes

***Updated!* Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Overview: Vendor Directory.** Recently updated, this resource from the National Rural Health Resource Center identifies certified HCAHPS vendors that have opted to have their services listed in the directory, including a description of their experience working with small rural hospitals.

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.