

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: Kit Carson County Health Service District, Burlington, CO

[Kit Carson County Health Service District](#) (KCCHSD) is a 19-bed, community-owned, critical access hospital (CAH) in Burlington, Colorado. A level-4 trauma center, KCCHSD has an average daily census of four, an emergency department that serves around 2,500 patients a year, and an active labor and delivery unit that delivered sixty-seven babies in 2019 and is on pace to reach that number again in 2020. Kit Carson is a geographically large rural county served by three ambulance services and a fourth that travels between there and the neighboring county. In addition to the hospital, KCCHSD runs two rural health clinics and one physical therapy clinic, serving the mostly agricultural community of roughly 8,000 people.

Nursing and quality leaders at KCCHSD credit a culture of open communication and supportive staff relationships with their success. Administration is encouraging of quality-related efforts, and frontline staff is informed of the “why” and updated on outcomes, helping to ensure they have full buy-in. Nursing Services Manager, Heather Morris, praises the team, noting that they are not afraid to change. Through daily, weekly, and monthly routines, everyone works together to ensure best practice guidelines are not only adopted but are taken a step further. Leading by example is key to this approach. The management team works hard to break down silos. Quality Director, Karen Hooker notes, “You don’t hear nurses say ‘That’s not my job’ – the focus is on the patient getting what they need when they need it regardless of who provides it. If someone is unclear on how to do something, they can ask and get the support they need to learn the skills required.”

KCCHSD receives positive feedback from patients through HCAHPS. Recognizing that patients in the hospital are most often scared, particularly of the unknown, the team aims to treat patients as they would their own family, placing a high priority on patient education and engagement in the care process. KCCHSD’s high performance on the HCAHPS care transitions composite is evidence of this. As with many other facilities, the team at KCCHSD begins educating patients about discharge upon admission to the facility and a multi-disciplinary team, including case management, social work, and dietary services are involved in care coordination. Further, as



Listen and learn from the lived experience of skilled critical access hospital quality improvement (QI) staff from across the country!

In this recorded series, virtual QI mentors come together for quality time to share PIE—their performance improvement experience. They discuss key themes that help drive quality improvement in their rural hospitals.

Hear their lessons learned, strategies, tips, and ideas. Find valued supportive resources for each of their topics, along with their favorite real pie recipes!

Listen from the Stratis Health [QI Mentor webpage](#), or on the go by subscribing to the podcast version through your favorite [streaming service](#).



Burning QI Question? Ask a QI Mentor.

The virtual QI mentors want to share their performance improvement experience in critical access hospitals with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this [short form](#).

appropriate, therapy services complete a home visit with the patient on a day pass before discharge to assess the home environment, addressing physical hazards in the house, and ensuring the patient has what they need to return home.

The importance of valid data and transparency are highlighted in KCCHSD’s Emergency Department Transfer Communication (EDTC) performance data. When the quality director took on her role a few years ago, staff were wary



Quality Data Abstractor Wendy Krutum updates the KCCHSD Quality Board.

of the data they did have. This required the team to take time to track and trend to get a better sense of what the issues were, analyzing data not only at the composite level but also looking into the individual data elements. Through this process, it was found that the primary issue was documentation, ensuring that the sharing of information was captured correctly in the electronic health record (EHR). Over time, the department saw bouts of improvement, demonstrating to the staff what was possible and increasing expectations for the team, who rose to the challenge.

In addressing the challenge of implementing a robust antibiotic stewardship program, KCCHSD promoted an experienced nurse who was working on her master’s in nursing to serve in the role of infection prevention. She focused her capstone project on antibiotic stewardship and develop a comprehensive program for the facility, leveraging her school connections, developing relationships with area hospitals, and securing buy-in from staff at KCCHSD, including from the provider and pharmacy teams. She was also able to secure funding for a contract with consult service [MD stewardship](#) for infectious disease support.

In addition to excelling at MBQIP measures, KCCHSD pursues excellence in other quality-related measures. After demonstrating the need to leadership, the facility recently implemented barcode scanning, paired with a new EHR and medication cabinet. The new workflow has reduced redundant order entry into previously disparate systems and resulted in a 50 percent reduction in medication errors.

It’s clear that at KCCHSD, strong staff relationships allow colleagues to support each other in meaningful ways and understanding the why behind initiatives and their role in successful implementation allows staff to engage in meaningful quality work.



KCCHSD Quality Director Karen Hooker is one of eight experienced CAH quality improvement (QI) staff from across the country serving as virtual mentors. They share examples and advice on how to address common QI challenges in CAHs through Stratis Health’s national rural [Virtual Quality Improvement Mentor Program](#).

Learn about Karen’s journey to becoming a quality leader in the first recorded QI mentor conversation of [Quality Time: Sharing PIE](#) (performance improvement experience).

Data



CAHs Measure Up: CAHs Measure Up: Make Prioritizing Quality Improvement Easier

Now perhaps more than ever, it's a reality that prioritization is necessary for implementation of effective improvement efforts. The CAH Quality Prioritization Tool, part of the [Implementation Guide and Toolkit for CAHs](#), can help you do that. It's a simple Excel-based tool to help CAH quality and patient safety leaders prioritize and make decisions related to planning in those areas.

The CAH Quality Prioritization Tool is one of the resources listed in the Implementation Guide and Toolkit for CAHs. Click on the resource and save it to your computer or network drive.

Once you have opened the tool, you'll notice three sheet tabs along the bottom. We encourage you to review the first, "Introduction and Instructions," before getting started.

The screenshot below shows the second tab, "Enter Priorities," where you can add more detail for a variety of measure areas.

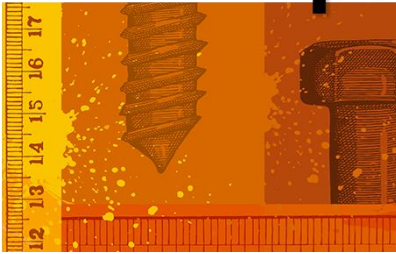
Criteria Area:	Low performance based on data or recent event (weight: 4)		State, Federal or Accreditation Requirement (weight: 5)		% Patients Impacted (weight: 4)		Rating of performance (weight: 3) <small>Defined as subjective patient harm - prep changed per facility</small>
	Criteria weight:	4	5	4	4	4	
	Score (select from dropdown)	Score x weight	Score (select from dropdown)	Score x weight	Score (select from dropdown)	Score x weight	Score (select from dropdown)
MBQIP Core							
HCP / OP-27: Influenza Vaccination Coverage Among Healthcare Personnel	Poor performance (7 points)	28	Mandated (10 points)	50	75 - 100% patients impacted (10 points)	40	Lowest (3)
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Fair performance (5 points)	20	MBQIP Core (7 points)	35	75 - 100% patients impacted (10 points)	40	Lowest (3)
Emergency Department Transfer Communication (EDTC)	Good performance (0 points)	0	MBQIP Core (7 points)	35			5
OP-2: Fibrinolytic Therapy Received within 30 minutes					75 - 100% patients impacted 50 - 75% patients impacted 25 - 50% patients impacted Less than 25% patients impacted		Highest (10)
OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention							7

For each measure and criteria area, you can select a score from the dropdown menu. At the bottom of this page, you can enter any additional measures you might be tracking if they are not included in the tool. **You do not need to complete every row of the tool.** The tool will still work if you leave boxes blank. If you do not select a score in one criteria area for a certain measure, then you shouldn't select a score in that criteria area for any measure.

The screenshot at right shows the final tab, "Ordered Priorities". This will help you sort through what to focus on (grouped by measure area). To rank your measure from 'Highest priority' to 'Lowest priority', click on the arrow at the bottom left of the box named "Priority Rank in Group" in each measure area (see the screenshot below for an example based on the MBQIP Core Measures). Then click "Sort Smallest to Largest" to sort the measures. The smaller the number in the Rank column, the higher the priority.

MBQIP Core Measures	Score	Priority Rank in Group
HCP / OP-27: Influenza Vaccination Coverage Among Healthcare Personnel	130	1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	107	2
Emergency Department Transfer Communication (EDTC)	55	3
OP-2: Fibrinolytic Therapy Received within 30 minutes	40	4
OP-3: Median Time to		

Tips



Go to Guides

Hospital Quality Measure Guides

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



Quality Reporting During COVID-19

In recognition of the strain COVID-19 is putting on healthcare providers, FORHP announced exceptions for reporting. See the [April MBQIP Monthly](#) for more details. Hospitals that can report MBQIP measures are encouraged to continue reporting.

Robyn Quips - tips and frequently asked questions

Current MBQIP Reporting Guidelines

On March 25, the Federal Office of Rural Health Policy (FOHRP), which oversees the Medicare Beneficiary Quality Improvement Project (MBQIP), sent an announcement to state Flex programs making data submission optional over the coming months.

I received questions on why we still provided you with the MBQIP Data Reporting Reminders when hospitals were made exempt from reporting. Data submission was made optional; it was not stopped. Hospitals are encouraged to continue to submit data if their current workload allows them to do so. There is no extension given on reporting; the due dates for the upcoming quarters remain the same as they have been. That is why we will continue to provide you with the reporting reminders. Once the quarter submission deadline has passed, there will not be the opportunity to submit that quarter's data later.

The current MBQIP policy change applies to data due for the upcoming reporting periods:

- Quarter 4, 2019 (Oct 1-Dec 31, 2019)
- Quarter 1, 2020 (Jan 1-Mar 31, 2020)
- Quarter 2, 2020 (Apr 1-Jun 30)

FORHP will continue to monitor the COVID-19 pandemic and re-assess reporting requirements as needed.

The next due date will be in August, for Q1 2020 encounters. Since this is the first quarter of 2020, make sure you use the CMS Quality Reporting Specifications Manual for the 2020 timeframe. Refer to the release notes to determine what changes were made from the 2019 version of the manual.

Measure ED-2 Removed

The inpatient measure ED-2 was removed by CMS starting Q1 2020, so it will also be removed for MBQIP. When CMS removes a measure, it can no longer be submitted to the QualityNet warehouse, and since that is also the way MBQIP receives the data, MBQIP must discontinue the measure as well.

Tools



We recognize that our friends and colleagues in critical access hospitals and across the care continuum are deeply affected by the current pandemic. Thank you for the amazing and important work you do. You are appreciated!

Resources

[Interim guidance on COVID-19 Case Investigation and Contact Tracing](#)

This Centers for Disease Control and Prevention interim guidance document is intended to assist state, local, territorial, and tribal health departments develop jurisdictional plans for the implementation and enhancement of COVID-19 case investigation and contact tracing efforts.

Surge Capacity Tool for Hospitals

A new [surge capacity tool](#) developed by AHRQ grantee James Benneyan, PhD, can help hospitals determine their operational needs during a pandemic, including requirements for beds, ventilators, personal protective equipment, medications and staff. The tool automatically generates results for 1- to 30-day projections, based on individual hospital and patient data, and is free to hospitals worldwide. The surge capacity tool is among AHRQ-supported [resources, toolkits and research findings](#) available to help fight the COVID-19 pandemic.

[Mental Health Playbook](#)

The Institute for Clinical Systems Improvement (ICSI) released a new Mental Health Playbook that walks users through key steps to assess, plan, and implement an organization-wide strategy that supports the current and long-term mental and emotional health of your workforce.

AHRQ Primer: Discharge Planning to Improve Hospital to Home Transitions

Hospitals can help patients successfully transition to home care through effective discharge planning, according to a patient safety primer developed by AHRQ researchers. The primer includes recommendations and resources to support discharge preparation efforts and identifies risk factors for poor transitions. Access the primer, [Discharge Planning and Transitions of Care](#).



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