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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](#).

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Find past issues of this  
newsletter and links to  
other MBQIP resources  
on TASC's [MBQIP  
Monthly](#) webpage.

## Medicare Beneficiary Quality Improvement Project



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

## Improving Your Antibiotic Stewardship Program



In Fall 2019, the Centers for Medicare & Medicaid Services (CMS) released a final rule that, among other things, mandated hospitals implement an antibiotic stewardship program by March 30, 2020. Many hospitals had been working towards implementing antibiotic stewardship programs long before this rule was announced, including critical access hospitals

(CAHs) participating in the Medicare Beneficiary Quality Improvement Project (MBQIP).

Measuring progress towards antibiotic stewardship implementation is a core measure of MBQIP. CAHs meet the reporting requirement by submitting the patient safety component annual facility survey to the National Healthcare Safety Network (NHSN). The survey becomes available early in the calendar year and is completed to represent the previous full calendar year. For example, in Spring 2020, hospitals completed the survey for calendar year 2019. Antibiotic stewardship is one area covered in the survey. Depending on how hospitals answer questions, they are given credit for implementing the seven core elements of antibiotic stewardship: leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

This month's *CAHs Measure Up* provides a snapshot of how CAHs performed in relation to implementing the seven core elements based on the 2018 survey (2019 survey data is forthcoming). If your facility is among the 828 CAHs that have achieved full implementation, you may be wondering what more you can do to improve. A key factor is understanding what your hospital has implemented to receive credit for any given core element. For example, with regards to the core element of Action, there are seven related questions on the survey. An affirmative answer to any one of



**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](#).

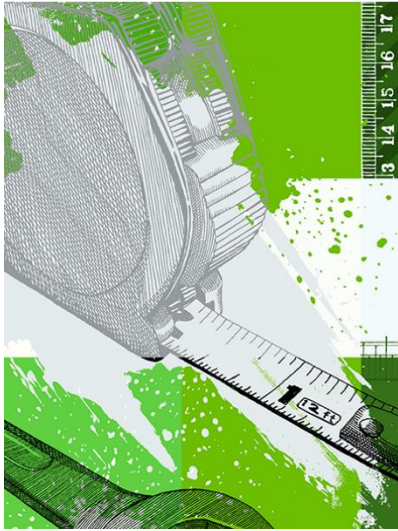
these questions will result in the hospital receiving credit for that core element; however, some hospitals can answer affirmatively to all the questions, which indicates they have a more robust antibiotic stewardship program. The table below provides a breakdown of how CAHs answered the Action-related questions on the 2018 survey.

**Action**

Our facility has a policy or formal procedure for: <ul style="list-style-type: none"> <li>• Required documentation of indication for antibiotic orders</li> <li>• Required documentation of duration for antibiotic orders</li> <li>• The treating team to review antibiotics 48-72 hours after initial order (i.e., antibiotic time-out)</li> <li>• The stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treatment team (i.e., prospective audit and feedback)</li> <li>• Required authorization by the stewardship team before restricted antibiotics on the formulary can be dispensed (i.e., prior authorization)</li> </ul>	658 CAHs  467 CAHs  628 CAHs  488 CAHs  206 CAHs
Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections.	1,017 CAHs
Our facility targets select diagnoses for active interventions to optimize antibiotic use (e.g., intervening on duration of therapy for patients with community-acquired pneumonia according to clinical response)	725 CAHs

As you dig into your hospital’s survey responses and reflect on your antibiotic stewardship program, you will likely identify opportunities to continue to improve. There are numerous resources available to support these efforts. The [Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs](#) shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing critical access hospitals (CAHs) across the U.S. during a series of focus group interviews conducted in Spring 2019. Participating hospitals have been invited to develop antibiotic stewardship profiles, which take a more in-depth look into what implementation looks like at individual facilities. The first three of such profiles are available in the November 2019, December 2019, and February 2020 editions of [MBQIP Monthly](#).

# Data



## CAHs Measure Up: Antibiotic Stewardship Program Core Elements Met by CAHs

The extent to which an antibiotic stewardship program is implemented is measured using data hospitals submit via the CDC National Healthcare Safety Network (NHSN) [Patient Safety Annual Hospital Survey](#), so an essential first step in this requirement is to complete and submit that survey. The survey becomes available in January of each year, and hospitals are encouraged to complete the survey by March 1, with answers reflecting what happened in the previous calendar year. For example, in 2020, facilities will complete the survey based on what occurred in 2019. Although it is recommended to have already completed the 2019 Patient Safety Annual Hospital Survey this year, hospitals who have not already done so can submit the survey through December 31, 2020.

Currently, antibiotic stewardship program summary data from the 2018 Patient Safety Annual Hospital Survey are available in your MBQIP Hospital Data Reports. As of February 2020, there were 1,267 CAHs enrolled in NHSN. One thousand one hundred twenty-eight of those CAHs completed the 2018 annual facility survey. The following tables provide a summary of Core Elements met by CAHs.

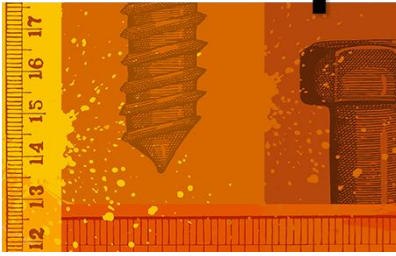
Core Elements Met	# of CAHs
0	13
1	10
2	13
3	18
4	37
5	69
6	140
7	828

Core Elements Met	# of CAHs
Leadership	1,089
Accountability	1,043
Drug Expertise	1,018
Action	1,098
Tracking	1,036
Reporting	968
Educate	967

Of note: while the overall seven Core Elements remain the same, the 2018 survey itself and the questions mapping to each of the Core Elements underwent some changes relative to 2017. Check out the final portion of [this CDC recording](#) of the updates for details. Some minor edits were made to existing questions, additional required questions were added to help demonstrate achievement of Core Elements, and some optional questions were included as well. The question changes were unlikely to make it harder for your hospital to meet the same Core Elements as in the previous year. Rather, the intention was to help CDC and others better assess components of hospital antibiotic stewardship practices.

A crosswalk of how the Patient Safety Annual Hospital Survey questions line up with the Core Elements is anticipated from the CDC later this year.

# 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

### QualityNet Updates

The June 15, 2020 deadline for setting up a Health Care Quality Information Systems Access Roles and Profile (HARP) account has passed. If you have not set up a HARP account, you will now need to contact the [QualityNet Help Desk](#) to assist you. (866-288-8912) This account is the new way to log to QualityNet for access to CMS programs, including submitting your measure data and running reports. I am not able to confirm a date when CMS is going to remove the current portal log-in access. It may already be removed by the time you read this.

Do not wait until the next data due deadline approaches! If you haven't got a HARP account yet and wait until it is closer to the due dates, there is no guarantee that the Help Desk will be able to assist you before the deadlines pass. It does not matter if you are waiting for assistance from QualityNet, once a deadline has passed your measure data will no longer be accepted into the QualityNet warehouse.

For those of you who have your account, have you have had difficulty logging in? I reached the step where I need to "Accept the Terms and Conditions", but the site would not let me. The QualityNet Help Desk asked that I make sure to scroll through to the end of the conditions and then the accept button would be available. That was not the issue. As directed by the Help Desk, I was using Google Chrome as my browser, still with no luck. After the Help Desk suggested I check with my IT department to see if it was an issue on my end, I found using a different browser (either Microsoft Edge or Internet Explorer) allowed me to log in.

QualityNet sent out the email below in early June regarding a new method for submitting files. If you haven't signed up to get their notifications, you may have missed this. Sign up info can be found on the QualityNet home page.

The Centers for Medicare and Medicaid Services (CMS) is excited to announce a new and improved file submission process. The new process allows you to submit files directly within Hospital Quality Reporting (HQR) on the QualityNet Secure Portal.

This **File Upload** process is more intuitive and provides real-time feedback for any file errors. It will replace the Secure File Transfer (SFT) process in the QualityNet Secure Portal. You may now submit files via **File Upload** for the following programs:

- Electronic Clinical Quality Measures (eCQM),
- Inpatient Quality Reporting (IQR) and
- Outpatient Quality Reporting (OQR)
- Hospital Consumer Assessment of Healthcare Providers (HCAHPS)

To use File Upload in HQR:

1. Login to HQR at <https://hqr.cms.gov>.
2. Click '**View the new Hospital Quality Reporting**' near the upper right corner of the **HQR My Tasks** page to navigate to the new **HQR Home** page.
3. Then click the **File Upload** card to begin uploading your files.

We believe this new process to upload files will improve your HQR experience. For further assistance regarding the information contained in this message, please contact the QualityNet Help Desk at [qnetssupport@hcqis.org](mailto:qnetssupport@hcqis.org), or by calling, toll-free 866.288.8912 (TTY: 877.715.6222), weekdays from 7 a.m. to 7 p.m. CT.

## Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, July 14, 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](mailto:rcarlson@stratishealth.org).

# Tools



## Rural Health Disparities Research and Resources

We want to acknowledge the heart-wrenching events of the past several weeks. While Stratis Health and the RQITA team conduct our health improvement work nationally, Minneapolis and the surrounding communities are our home; we are appalled by the circumstances of George Floyd's tragic and unnecessary death and those of so many others. At local, state, and national levels, we have a lot of work to do in addressing systemic racism and its impacts on all aspects of life, including health outcomes. While we grieve, we are also heartened by the calls to action and sincerely hope sustained collective energy can drive the change needed to address all forms of racial inequities.

Below are some health-equity resources that can help to inform quality work in rural communities.

- Perspective | [Stolen Breaths](#), New England Journal of Medicine, Rachel R. Hardeman, PhD, MPH, et al; University of Minnesota School of Public Health
- Policy Brief | [Dying Too Soon: County-level Disparities in Premature Death by Rurality, Race, and Ethnicity](#), University of Minnesota Rural Health Research Center
- Quiz and Related Resources | [Implicit Bias in Health Care](#), Stratis Health Culture Care Connection Website
- Surveillance Summary | [Racial/Ethnic Health Disparities Among Rural Adults – United States, 2012-2015](#), Morbidity and Mortality Weekly Report
  - Article (Commentary on Surveillance Summary) | [Racism and Health in Rural America](#), The Journal of Health Care for the Poor and Underserved
- Topic Guide | [Rural Health Disparities](#), RHIHub

## Resources to Support Health Care Providers in Responding to COVID-19

We also 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!

COVID-19 resources are constantly being updated. The Rural Health Information Hub - is regularly updating and adding links for Rural Response to COVID-19:

- [Federal and National Response Resources](#)
- [State Response Resources](#)

[Safety and Quality Are Still Paramount During a Time of Crisis](#) This blog post from the Institute for Healthcare Improvement highlights a variety of tools and resources to help organizations stay focused on quality and safety during the COVID-19 pandemic. (free log-in may be required to access 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.

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. (July 2020)*