

Medicare Beneficiary Quality Improvement Project



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

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**Resources:** Helping CAHs succeed in quality reporting & improvement

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: Paris Community Hospital, IL

Paris Community Hospital (PCH) is part of Horizon Health, an independent health system that includes the 25-bed critical access hospital, several rural health clinics, EZ care centers, and senior care services. Serving the town of Paris, Illinois, Edgar County, and the surrounding area, PCH offers a variety of services, including acute inpatient and observation, skilled swing bed and private pay intermediate swing bed, and an assortment of outpatient rehabilitation services and surgeries. Pre-COVID, the average daily census across all inpatient and swing bed patients was 16, and the emergency department (ED) provides around 8,500 visits a year.

PCH has taken its own spin on the standard Plan-Do-Study-Act cycle and adapted the acronym IDEA, which stands for:

- Identify the opportunity for improvement (what is the goal?)
- Determine the cause
- Explore the solutions
- Activate action plan

Using a standard template, departments explain the improvement opportunity and related goals, collect and analyze their data to determine what is causing the issue, and explore solutions documenting who is doing what and when to improve performance. Department leads present these PI trackers to the Board of Directors Quality Subcommittee. Over time the Board Quality Subcommittee noted certain departments were routinely missing from these discussions. They invited those not submitting PI information to attend the meeting and explain the reasoning behind their lack of PI plans, which has led to greater participation across the entire organization. Now there is an expectation that every department should have at least one performance improvement (PI) project underway at any given time. PI project ideas can come from various sources, including outcomes from a survey, documentation reviews from clinical departments, clinical informatics staff, front line staff, or senior leadership.

PCH prides itself on its patient experience performance and recently received a 5-Star HCAHPS Rating. The Chief Nursing Officer and Med/Surg

**Horizon Health**

**IDEA Performance Improvement Report - 2020**

Name of Department  
Department Manager Name

*I - Identify Opportunity for Improvement - What is the Performance Improvement Goal?*  
*D - Determine Causes*  
*E - Explore Solutions*  
*A - Activate Action Plan for Improvement*

*I - Identify Opportunity for Improvement - What is the Performance Improvement Goal?*

**Performance Improvement Goal**  
 Improve the . . . . . (fill in your goal)

**Improvement Opportunity:** State what your indicator is about and what you hope to accomplish by monitoring. Be sure to use SMART goals (Specific, Measurable, Attainable, Realistic, Timely)

**Data Collection Methodology:** List how you will monitor this indicator. Be as specific as you can regarding who will collect and report the data and when they will do it.

Numerator Number of (fill in numerator)

Denominator Number of (fill in denominator)

Percentage Percent of (fill in numerator)

Target Goal (Change target goal if needed)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Numerator												
Denominator												
Percentage												
Target Goal	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Quarter Summary	Qtr 1	Qtr 2	Qtr 3	Qtr 4

	<i>D - Determine Causes</i> Summary of Findings - Analysis of Data	<i>E - Explore Solutions A - Activate Action Plan for Improvement</i> What's Being Done - Action to Improve Performance By Whom and By When
Quarter 1:	Each quarter you should explain your findings of your quarterly data collection	Now that you've identified your problems from the analysis of the data, document in this area what action will be taken to improve the findings, who is responsible for completing the action and when is the action due to be completed.
Quarter 2:	Explain your findings of the quarterly data collection for the 2nd quarter.	Again, now you've identified an issue in the 2nd quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to be complete.
Quarter 3:	Explain your findings of the quarterly data collection for the 3rd quarter.	Again, now you've identified an issue in the 3rd quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to be complete.
Quarter 4:	Explain your findings of the quarterly data collection for the 4th quarter.	Again, now you've identified an issue in the 4th quarter data what action are you taking to address this problem; who will be responsible to address the action and when is the action due to be complete.

**Annual Performance Summary:** (Describe the PI indicator you were monitoring, a summary analysis of how well you performed in meeting your goals, activities you implemented to make improvements, follow up activities you will continue to implement and the PI indicators you will be working on next year)

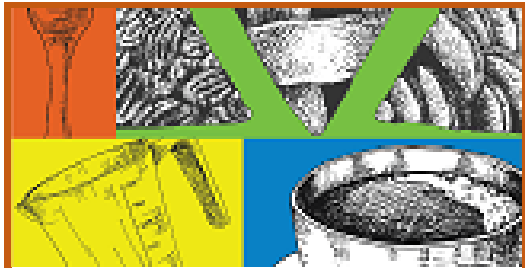
Manager round on patients the day of discharge to see if they have any questions. Staff actively utilize whiteboards to communicate with patients and families about the care team and daily plan of care. Utilization review navigators visit patients the day of admission to begin the discharge process, including arranging for anything patients will need at home. Care navigators (one dedicated to acute care, the other to the ED) follow up with patients at high likelihood for readmissions post discharge based on referrals from the utilization review navigator assessment. A team of care providers, including representatives from the utilization review team, nursing, and clinicians, huddles daily to address care plans for acute care patients and multi-disciplinary care conferences are held twice weekly for swing bed patients.

The importance of teamwork carries between departments as well, as evidenced in the ED throughput times. ED staff utilize SBAR (Situation, Background, Assessment, Referral) to communicate admission needs with the Med/Surg unit, ensuring a clear communication flow within the facility. The ED team also excels at communicating with transfer facilities, performing highly on the Emergency Department Transfer Communication (EDTC) measure. EDTC data is collected monthly, and feedback is provided to the ED manager; if something isn't being documented, the issue is analyzed, and targeted staff education is provided, including a focus on the why behind the measure.

While they are making progress, the PCH team recognize they have opportunities related to antibiotic stewardship. Their on-site microbiology lab creates an annual facility-specific antibiogram to help providers make informed decisions about treatment courses for specific diagnoses. Based on what they learn from the antibiogram, the pharmacist has identified one of the most frequently prescribed antibiotics and flagged it for ongoing monitoring, including requiring a 48-hour time out and prior approval following appropriate documentation regarding the reason for a restart. This process has facilitated additional education with medical staff regarding antibiotic stewardship and appropriate prescribing practices.

The dedication of the board, quality team, providers, and frontline staff at PCH shines through in their MBQIP performance and their continued commitment to finding opportunities to improve patient care and outcomes.

Paris Community Hospital IDEA improvement opportunity template



**Horizon Health's** Quality, Infection Prevention, and Credentialing Manager, Amy Arnett 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](#).

Watch for an upcoming QI Mentor Conversation of [Quality Time: Sharing PIE](#) (performance improvement experience) featuring Amy sharing how her team works to engage their board and leadership teams in quality initiatives.

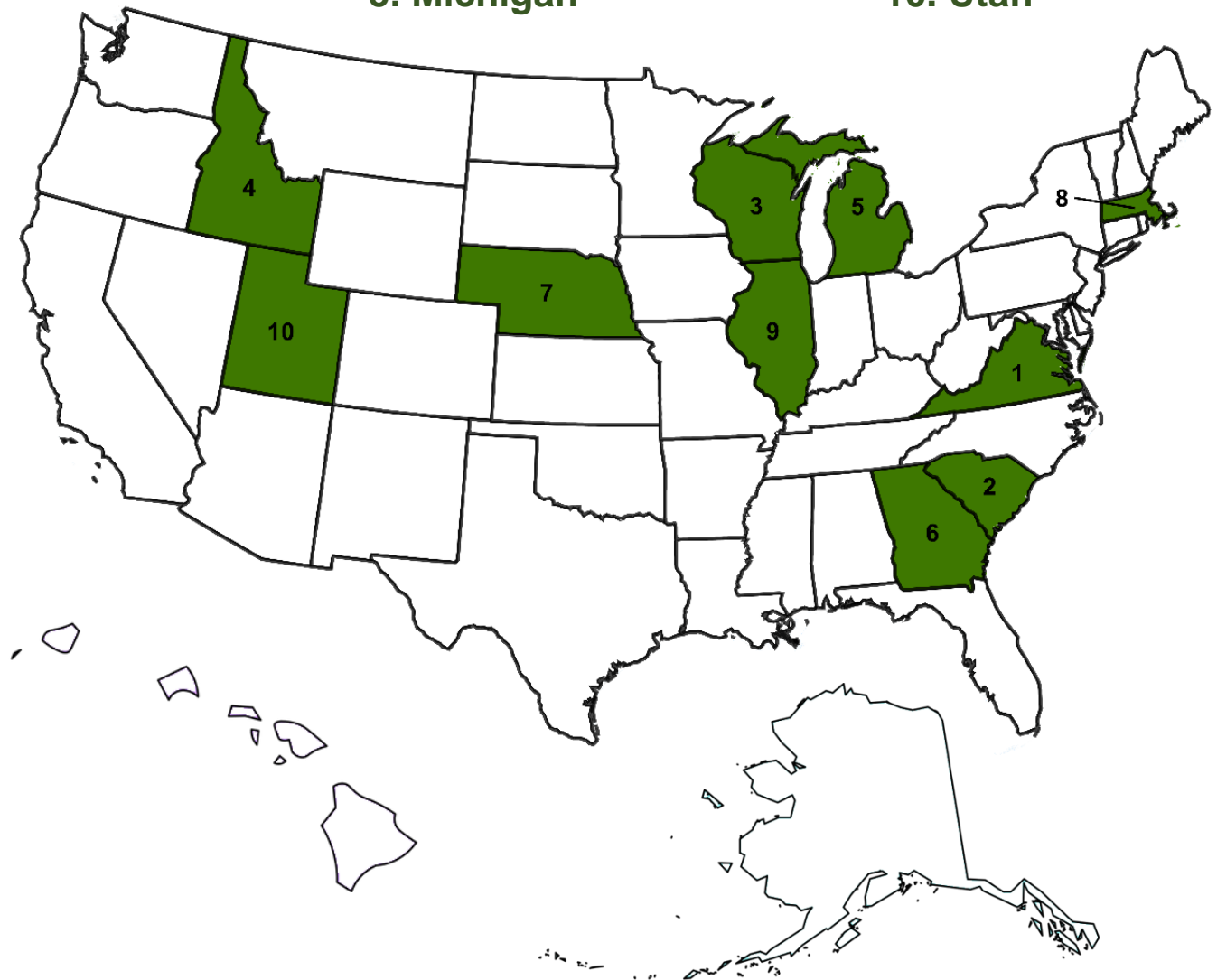
# Data



## CAHs Measure Up: Top 10 States with Outstanding Quality Performance

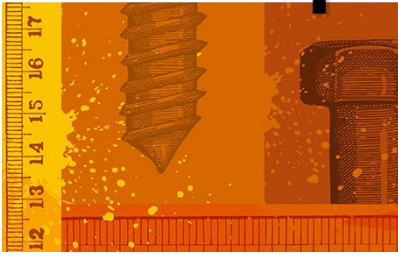
At the [2020 annual gathering of Flex programs](#), awards were announced for the top 10 states with outstanding quality performance among their critical access hospitals (the FORHP State Quality Ranking). The 10 states awarded the FORHP State Quality Rankings were determined by compiling rankings of reporting and performance in patient safety/inpatient, outpatient, and patient engagement measures for Q1 – Q4 2018, and in care transitions measures for Q1 – Q4 2019. The map below shows the 2020 awardee states.

- 1. Virginia
- 2. South Carolina
- 3. Wisconsin
- 4. Idaho
- 5. Michigan
- 6. Georgia
- 7. Nebraska
- 8. Massachusetts
- 9. Illinois
- 10. Utah





# Tips



## Robyn Quips - tips and frequently asked questions

### QualityNet Updates

You may have noticed with last quarter’s data submission, QualityNet is undergoing changes described by CMS as a “complete overhaul by the end of 2020”. An early step was changing from the QualityNet Secure Portal login to the Hospital Quality Reporting HARP login.

The latest step is the new method for data submission. Although I think many of you had to submit data using this method last quarter, the email notification below, sent by QualityNet in August, lists the steps that now must be used for submitting data.

The Centers for Medicare and Medicaid Services’ (CMS’) ongoing effort to improve data collection has given way to a new method to submit XML files for Chart Abstracted and Population and Sampling data. Starting 08/18/2020, Secure File Transfer (Axway) will no longer be available for data submissions. You will be required to submit your XML files directly within Hospital Quality Reporting (HQR) using the File Upload tool in the new QualityNet Secure Portal. This new requirement should reduce the time you spend to submit data.

How will hospitals and vendors submit their data?

Please perform the following steps to submit your production data using the File Upload tool:

1. Navigate to the new HQR site: [hqr.cms.gov](http://hqr.cms.gov)
2. Enter your HARP User ID and password, then click Login.
3. 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.
4. Click the File Upload card to begin uploading your files.
5. Vendors will need to select Chart Abstracted or Population & Sampling for data submission.
6. Hospitals with access and permission to submit on behalf of multiple hospitals must first select Facilities List.
7. Under Facilities List, a new page will open that allows the user to choose a facility. Search authorized organizations by entering the organization name or ID (such as the CMS Certification Number).
8. Select the hospital by clicking on the name of the organization.
9. Select the tab Chart Abstracted or Population & Sampling to submit data.

NOTE: There are two types of data submissions: test data and production data. Test data submissions are considered practice and do not count towards CMS program requirements. Production data are the final submissions intended to fulfill the requirements for the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs. Hospitals, or health IT vendors on the hospital’s behalf, provide production data submissions.

At the time of this writing, there were no other CMS resources on the new data submission method. We anticipate CMS will provide updated submission instructions or recorded webinars with more information soon. Make sure you have signed up for email updates from QualityNet; that is the only way we all find out if CMS has released any further resources. You can sign up for QualityNet emails here <https://www.qualitynet.org/listserv-signup>. MBQIP Monthly will also continue to keep you informed with the latest information available.

### Go to Guides

#### Hospital Quality Measure Guides

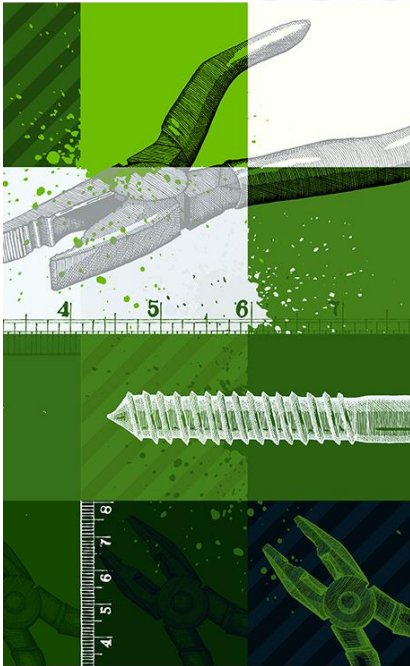
- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communication](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)



### Quality Reporting Updates Due to 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 asked to continue reporting.

# 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!**

## COVID-19 Information

**Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19)** are continually 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](#)
- [Rural Healthcare Surge Readiness](#)

## MBQIP Resources

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Thursday, October 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, but registration is required. For more information, contact Robyn Carlson, [rcarlson@stratishealth.org](mailto:rcarlson@stratishealth.org).

### **Influenza vaccination season is around the corner!**

These resources from the Centers for Disease Control and Prevention (CDC) can assist your hospital in improving vaccination rates and reporting data:

- [Frequently Asked Influenza \(Flu\) Questions: 2020-2021 Season](#)
- [Surveillance for Healthcare Personnel Vaccination](#) (information on data collection and reporting for the Influenza Vaccination Coverage Among Healthcare Personnel (HCP) in National Healthcare Safety Network (NHSN))
- [A Toolkit for Long-Term Care Employers: Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings](#). Although focused on long-term care settings, this resource provides strategies and resources to support vaccination among health care personnel that also may be applicable in hospital settings.

## QI Basics Online Learning Modules and Resources

The Quality Improvement (QI) Basics course is designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. Developed by Stratis Health, with rural audiences in mind, the course may be completed in sequence, or individual modules and tools may be used for stand-alone training and review. A facilitators guide and sample course syllabus are also available for those that want to utilize the resource for group training and discussion within their organization.



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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