

MBQIP Monthly

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.

New Episode Now Available: Quality Time: Sharing PIE (performance improvement experience) Conversations

As part of Stratis Health's [National Rural Virtual Quality Improvement Mentor](#) program, the latest installment of Quality Time: Sharing PIE (performance improvement experience) recorded conversations is online and ready for listening!

In this series, the mentors, experienced critical access hospital quality improvement (QI) staff from across the country, come together to share PIE—their performance improvement experience. They discuss key topics that help drive quality improvement in their rural hospitals. You can hear their lessons learned, strategies, tips, and ideas. Included with each episode are supportive resources for the topic, along with one of the mentor's favorite real pie recipes!

In the [latest session of Quality Time: Sharing PIE](#), quality, clinical, and board representatives from Horizon Health's Paris Community Hospital in Paris, Illinois, discuss how successful board and leadership engagement drives quality outcomes.

You can listen from the [Sharing PIE webpage](#), or on the go by subscribing to the podcast version through your favorite [streaming service](#).

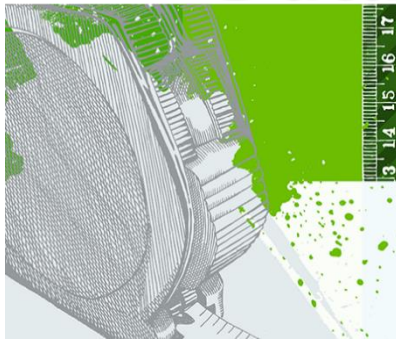


Burning QI Question? Ask a QI Mentor.

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](#).

The National Rural Virtual Quality Improvement Mentor program is led by [Stratis Health](#). Contact [Sarah Brinkman](#) for more information.

Data



CAHs Measure Up: Annual Facility Survey Provides Antibiotic Stewardship Snapshot

As of August 2020, 1,073 CAHs participating in MBQIP had submitted the National Healthcare Safety Network’s 2019 Annual Facility Survey. A total of 1,024, or 95 percent, have indicated that they are meeting the Core Element of Tracking for antibiotic stewardship programs as collected through the survey.

CAHs can meet the Core Element of Tracking by indicating ‘Yes’ for at least one of the following six items:

Our facility has a policy or formal procedure for required documentation of indication for antibiotic orders and our stewardship team monitors adherence to that policy or formal procedure

589 CAHS (55%)



Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections and our stewardship team monitors adherence to those guidelines or recommendations

749 CAHS (70%)



Our stewardship team monitors antibiotic resistance patterns (either facility- or region-specific)

858 CAHS (80%)



Our stewardship team monitors antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly

640 CAHS (59%)



Our stewardship team monitors antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly

194 CAHS (18%)



Our stewardship team monitors antibiotic expenditures (i.e., purchasing costs), at least quarterly

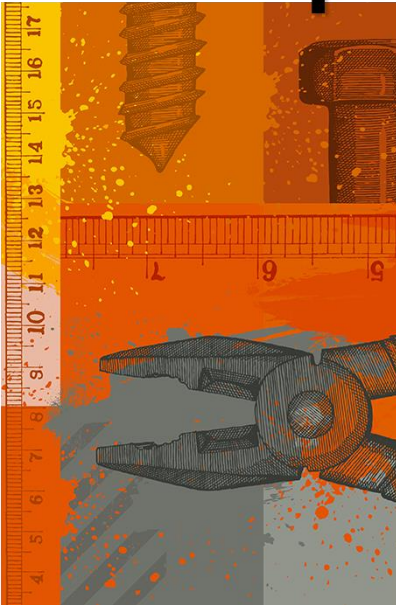
348 CAHS (33%)



Among these 1,024 CAHs, 52 CAHs (5%) are indicating that they are monitoring all six of these tracking items – an admirable goal!

Compare your hospital’s Annual Facility Survey to what’s above. How many of the tracking items is your hospital implementing? Where do you want to improve? And stay tuned for data updates based on the 2020 Annual Facility Survey in coming issues of MBQIP Monthly!

Tips



Robyn Quips - tips and frequently asked questions

Data Submission Tips

As we go along learning to navigate the new method of submitting data to the CMS warehouse, here are a few things I have heard and want to pass along for your Q3 2020 reporting.

After logging in to HARP, in the upper-right-hand corner, after your facility name is a circle with a question mark (?) inside. Click on that for HQR Program Support. At the time of this writing, it's the best place to find information on how to submit your data in this new system.

I don't have access to any screens after logging in to HARP, so the following information is from what other hospitals have shared with me and what I have gathered from the Helpdesk.

After logging into HARP, look to the left of the screen for the Dashboard. To enter population and sampling numbers and submit your measure data, you need to click on Data Submissions.

Population and sampling Tips

After clicking on Data Submissions, you will need to click on the tab for Population and Sampling. The site seems to default to eCQM, so make sure you have selected Population and Sampling.

1. Chose the Data Form box to submit your population and sampling numbers in grids similar to how you did in the past.
2. Select the program you are submitting your pop & sampling for, Inpatient Quality Reporting (IQR) or Outpatient Quality Reporting (OQR).
3. On the next screen, you select your quarter and the measure set you are submitting numbers for. I believe the next screens look similar to how you've submitted in the past.

Chart Abstracted Data Tips

1. Under the Dashboard, click on Data Submissions. Then select the tab for Chart Abstracted Data.
2. Under Submission, there is a box with options for Test and Production. Select Production.
3. Then you **MUST** click on the Change Selection box! It appears if you don't hit that box, the submission defaults to Test. **You must click on that box for the change to take place.** In talking to hospitals, we have discovered that many who thought they submitted data for Q2 2020 submitted their data under "test" The data was accepted in the warehouse but not counted for data submission because it was submitted as test data.
4. Then select your files to submit.

Go to Guides

Hospital Quality Measure Guides

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



When you look at your screen under Status and see the green checkmark and "Received," that only means the files were received, not that they were accepted, not that they were sent under Production, only that the files you sent got to the warehouse. **So, it is more important than ever that you run a report to show that your cases were not sent as a test and that they were accepted in the warehouse.**

Checking to Make Sure Data is Accepted

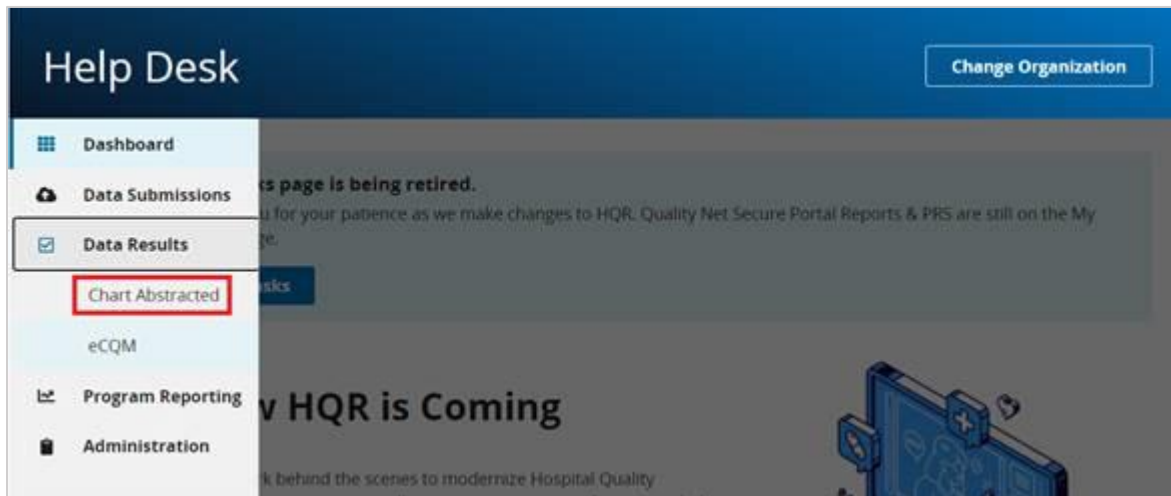
A hospital shared with me some instructions with screenshots they received from the QualityNet Helpdesk on how to run these reports. I would suggest running the Case Status Summary report first to see if you had accepted or rejected cases. If you have rejected cases, then run the Submission Detail report to see why they were rejected.

The section below shows the process for running Outpatient feedback reports in HQR.CMS.gov. There are several feedback reports available:

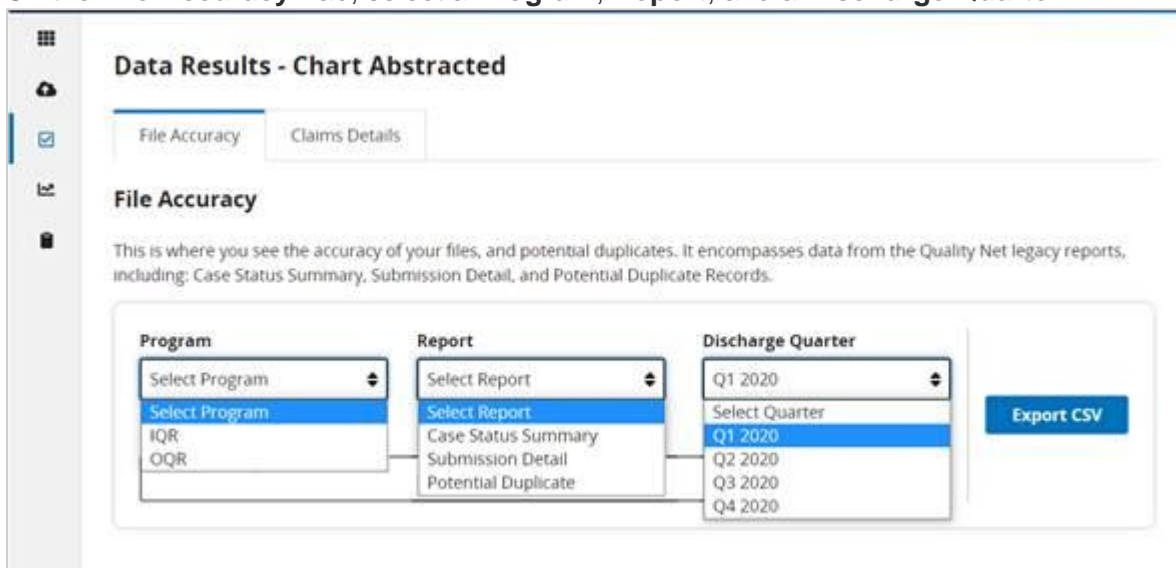
- **Case Status Summary** - The Case Status Summary report displays summary case submission status information for the Data Warehouse (number of cases submitted, accepted, and rejected).
- **Submission Detail** - The Submission Detail Report displays detailed file information of selected uploaded data grouped by provider.
- **Potential Duplicate** - The Potential Duplicate Records report identifies potential duplicate records submitted to the Data Warehouse.

Instructions

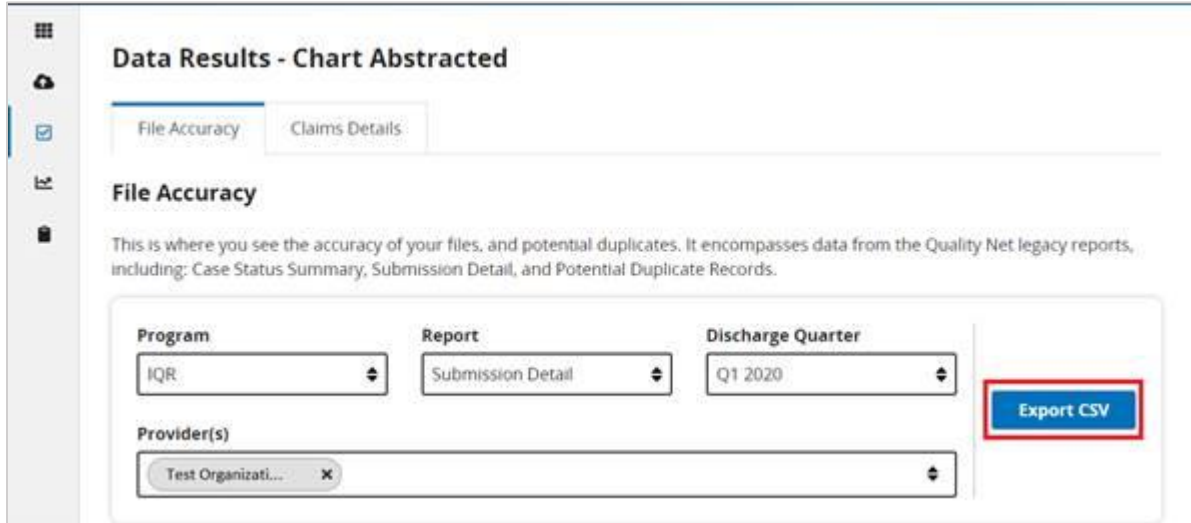
1. Navigate to HQR.CMS.gov
2. Locate the menu on the left side of the screen. Locate **Data Results > Chart Abstracted**



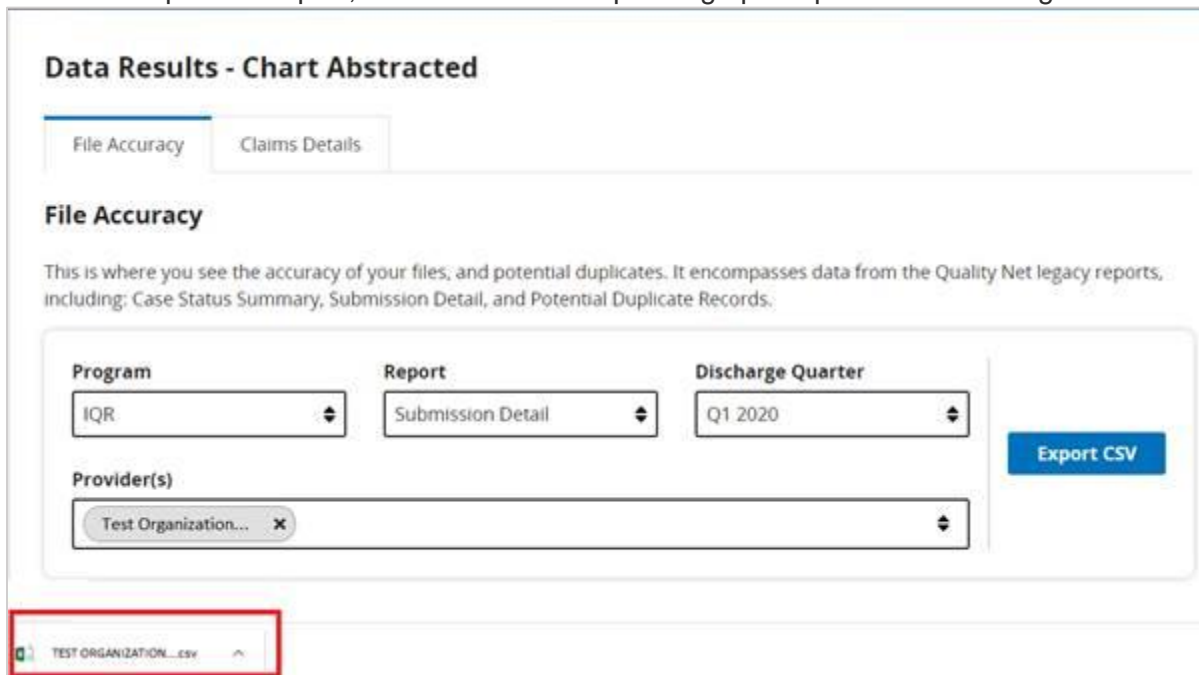
3. On the **File Accuracy** Tab, select a **Program**, **Report**, and a **Discharge Quarter**.



- In the **Provider(s)** section, use the drop-down to select one of the associated providers. Select **Export CSV** to export the report.



- A message will appear at the bottom of the screen once the report has downloaded successfully. Select it to open the report, or select the arrow pointing up to open the containing folder.



Please remember these tips are based on how the screens looked and what the process was when I wrote this article. Make sure that you have signed up for the [Email Updates from QualityNet](#) since this is how you will get information on any written resources or webinars that CMS may put out to assist you in using the new reporting system.

Tools



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 Tuesday, April 13, 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.

[Framework for Effective Board Governance of Health System Quality](#). From the Institute of Healthcare Improvement Lucian Leape Institute, this white paper includes a clear, actionable framework for oversight of all dimensions of quality as well as an assessment tool and support guides. Free login required to access.

Now available! [Patient Safety Annual Facility Survey](#)

2020 Patient Safety Annual Facility Survey forms along with the respective tables of instructions are available and can now be completed within the CDC National Healthcare Safety Network (NHSN). Users responsible for submitting the annual survey are encouraged to review the form before accessing it within NHSN, as there may be a need to consult with other members of your organization to complete certain questions. A table of instructions that provides guidance on each survey question is also available along with instructions on how to find and submit the survey.

Recorded session now available!

[Implementation of Antibiotic Stewardship Activities in Critical Access Hospitals](#)

Hosted on November 18, 2020, this session includes leading experts discussing the implementation of antibiotic stewardship activities to measure and improve how antibiotics are used with an emphasis on overcoming barriers and practical suggestions for enhancing antibiotic stewardship activities in critical access hospitals. The session was co-hosted by CDC and HRSA's Federal Office of Rural Health Policy.

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).



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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