

## Medicare Beneficiary Quality Improvement Project



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

### In This Issue

**1 CAHs Can!**  
National Rural Virtual Quality Improvement Mentor Profile Series: Caryn Bommersbach

**3 Data: CAHs Measure Up: OP-18 Performance Snapshot**

**4 Tips: Robyn Quips – tips and frequently asked questions: Annual Measures OP-22 and HCP**

**5 Tools and 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.

### National Rural Virtual Quality Improvement Mentor Profile Series: Caryn Bommersbach

This new MBQIP Monthly feature will highlight each of the 12 critical access hospital (CAH) staff currently serving as [national Virtual Quality Improvement Mentors](#) as they share examples and advice to address common CAH quality improvement (QI) challenges.



Caryn Bommersbach, RN

“How to do it better” is how [CentraCare’s](#) Caryn Bommersbach, RN, Manager, Quality Assurance and Medical Staff Compliance describes her approach to quality. “It always comes back to how we can make things better in our day-to-day work that is impactful to enhance and promote high-quality care, safety, and the experience for the patient,” Caryn said. “Sometimes it’s not about a problem or something going wrong. It’s about being better. Better for yourself as an employee, better for the facility, and ultimately, better for the patient.”

In her current role since March 2020, Caryn works with six critical access hospitals and two prospective payment system (PPS) hospitals in the CentraCare health system to promote quality assurance, public reporting, and quality improvement (QI). In addition to hospitals, CentraCare has more than 30 clinics, 10 senior housing facilities, and seven long-term care facilities throughout central Minnesota.

Caryn’s QI experience started 20 years ago at the [Redwood Area Hospital](#), first as the home care manager and then as the quality risk manager, leading multiple departments through understanding the role of QI as not only meeting regulatory requirements but promoting patient safety and enhancing the patient experience.

Caryn is based in the south-central Minnesota city of Redwood Falls, the Redwood County seat. The county is adjacent to the Lower Sioux Indian Community and has large school-age and older-adult populations. The area is a large agricultural region along with industry and manufacturing. One of the largest employers is the hospital, which opened a newly built campus in

February 2020. The new Carris Health Redwood Hospital and attached clinic provide wound care, infusion, imaging, home health, hospice, rehabilitation (physical, occupational, and speech therapy), and obstetric labor and delivery services. Clinic physicians see their own patients when they are inpatient to maintain a hometown touch.



*Carris Health - Redwood Hospital*

When Caryn accepted the system-level position two years ago, the goal was to integrate and standardize the Quality Management Program and its committees across all the CAHs in the system. Caryn and a performance improvement team worked on the integration, which took effect first quarter of 2022. During this time, most of the CAH hospital QI managers had moved on to other positions within the CentraCare System, and the QI duties had shifted to the patient care directors, who have limited time to focus on quality assurance and improvement. The new standardization makes it easier for them as all the CAHs operate under the same policy to meet

requirements, use the same standard meeting agenda, and access a facility-specific SharePoint site to review their QI data. In addition, each CAH has its own Quality Management Committee and individualized scorecard. As a result, all local QI flows together across the system. Caryn shared that there are multiple teams behind the scenes; for example, the Public Reporting team works on the core measures, and the Patient Experience team manages the data for the HCAHPS patient satisfaction scores. “It’s a nice integration and standardization,” Caryn said. “We all use the same playbook to meet the requirements for CAHs, which helps us accomplish it as a group.” Caryn added that each facility has its own identity, and that the system is respectful of that.

One example of a QI initiative that Caryn is especially proud of is Leadership Patient Rounding, developed at Redwood Hospital due to a decline in patient satisfaction scores. The Clinical Practice Council reviewed and discussed the scores to identify key questions to ask patients during weekly rounding that would be done by pairs of department managers (clinical and non-clinical). This allowed managers to meet patients, gain feedback on their experience while still in the hospital, make suggested corrections, and recognize staff members if the patient gave positive feedback about an individual. “Even though there are specific questions to ask, it’s mostly just a conversation with patients and their families,” Caryn said.

The results of Leadership Patient Rounding were two-fold: a dramatic increase in patient satisfaction scores and engagement of department managers. Many non-clinical department leaders love the process as they rarely get to see and talk with patients firsthand. Without taking the initial critical look at the patient satisfaction data, this rounding program’s successful development and implementation would not have occurred. Caryn said that Redwood has consistently been a Centers for Medicare & Medicaid Services (CMS) overall hospital quality 5-star-rated hospital since the 2018 inception of this program, with the expectation that they will maintain that rating. The Rounding Program is one local strategy linked to the CentraCare system’s “Likely to Recommend” key performance indicator (KPI).

When asked for advice to give someone new to the QI leader role, Caryn said, “You have to be open to the work of others and to help facilitate conversations between departments to build collaboration and partnerships. You need to be a neutral party and not have your own agenda. It’s about helping others grow and to enhance their quality, processes, and the ability to be efficient and effective.”

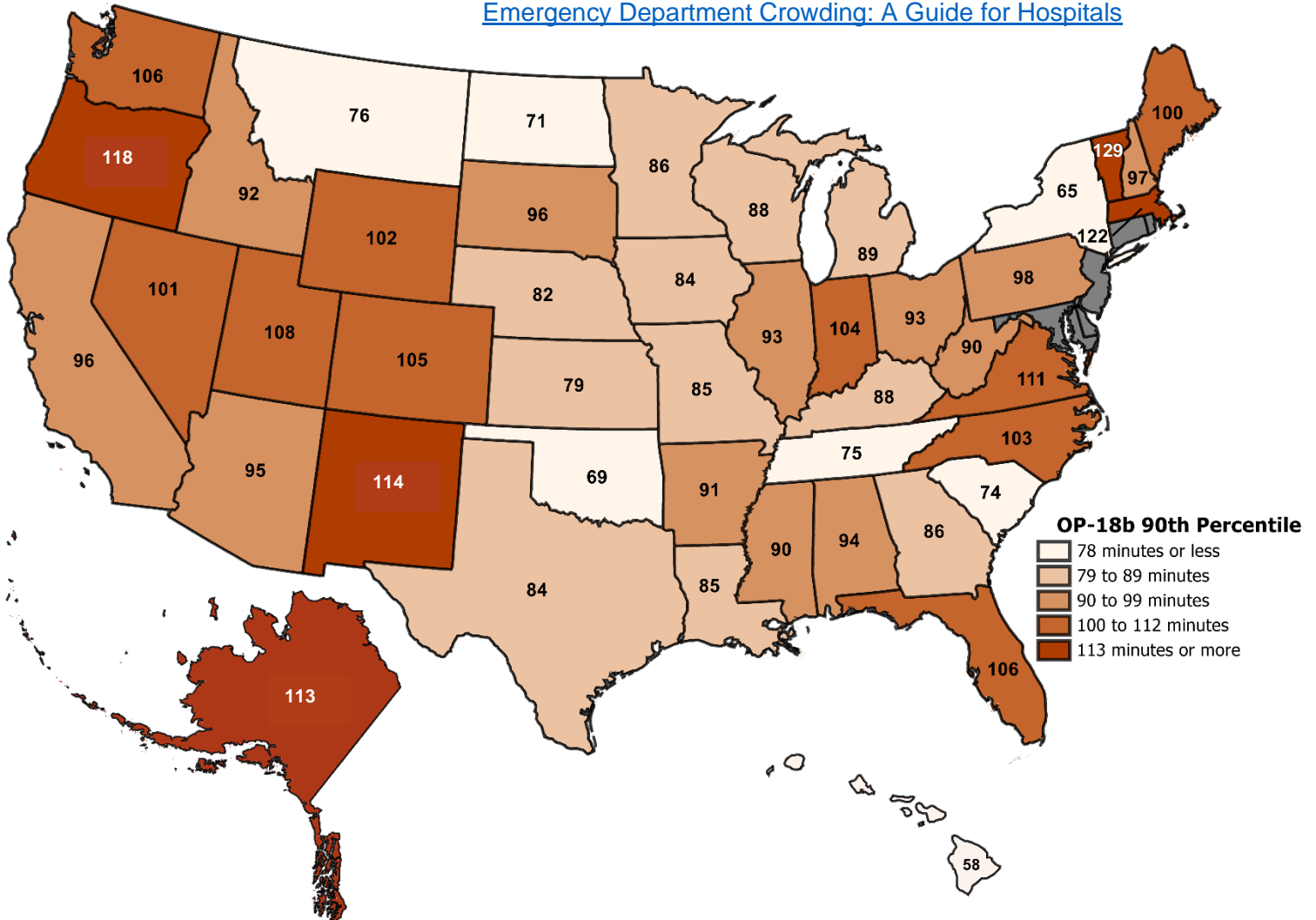
# Data



## CAHs Measure Up: OP-18 Performance Snapshot

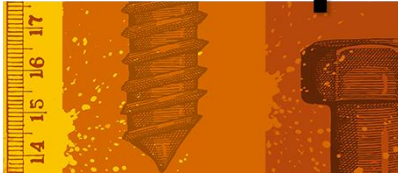
OP-18 is an outpatient measure that summarizes the median time patients spend in the emergency department before being sent home. As of Q3 2021 encounter data, national performance among CAHs was 115 minutes, with the 90<sup>th</sup> percentile at 79 minutes. Review the map below to see where your state falls in terms of performance. How does your hospital compare? If you see opportunities for improvement, some ideas to consider include:

- Implementing alternative patient flow models such as:
  - RN triage and preliminary registration upon arrival, with bedside registration
  - Provider/RN team evaluations upon arrival with bedside registration
  - Low acuity patients evaluated by provider upon arrival and discharged as soon as full registration is completed
  - Share median time patients spent in the emergency department before being sent home evaluation data with ED managers, ED staff, and providers daily
- Synchronizing all staff and equipment clocks in the ED
- Utilizing the AHRQ resource [Improving Patient Flow and Reducing Emergency Department Crowding: A Guide for Hospitals](#)





# Tips



## Go to Guides

### Hospital Quality Measure Guides

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



## Robyn Quips - tips and frequently asked questions

### Annual Measures OP-22 and HCP

May 16, 2022 is the upcoming due date for the two MBQIP measures submitted on an annual basis, **OP-22** and **HCP**.

**OP-22 – Left Without Being Seen** is one of the measures in the CMS Outpatient ED-Throughput measure set. It is called a web-based measure by CMS rather than a chart-abstracted measure since it uses administrative data, not patient-level medical record data. It is the percent of patients who leave the Emergency Department without being evaluated by a physician/advanced practice nurse/physician’s assistant (physician/APN/PA)

Data due on May 16, 2022 is for the year 2021. What you will need for submission is the number for the following two questions:

- What was the total number of patients who left without being evaluated by a physician/APN/PA?
- What was the total number of patients who presented to the ED?

If you haven’t submitted data for OP-22 before, you can find the measure instructions in the CMS Hospital Outpatient Quality Reporting Manual <https://qualitynet.cms.gov/outpatient/specifications-manuals#tab2>

Like the chart-abstracted measures, OP-22 is submitted via your HARP account to the Hospital Quality Reporting (HQR) platform.

### To submit OP-22:

1. Log into HARP, and under the **Dashboard**, select **Data Submissions**.

2. Click on the **Web-based Measures** tab and select the **Data Form** option to enter your data. Your view should look like the screenshot at right; the payment year should be 2023, for the reporting period 01/01/2021-12/31/2021.

3. Click on **Start Measure for OP-22**, enter your numerator and denominator, and click **Save & Return**, which will take you back to the screen at right.

You will not be able to submit your OP-22 data until you address the other two measures on the page.

If you are not submitting data for the other measures on this site, click the box beside “Please enter zeros for this measure as I have no data to submit.” Data for OP-29 and OP-31 are not required for the MBQIP program, but you must either submit data or indicate you have no data to submit before the system will give you the option to click on “I’m ready to submit”. Your hospital may do the procedures for OP-29 and OP-31, but if you are not submitting data for those measures, you must click on the “...no data to submit” box for the site to allow you to submit for OP-22.

**HCP – Influenza Vaccination Coverage Among Healthcare Personnel** is submitted through the National Healthcare Safety Network (NHSN) site. The data due on May 16 is for the flu season October 2021 – March 2022. Quality Reporting Center provides this [checklist for enrolling and reporting HCP data in NHSN](#).

# Tools



## COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually updated. The Rural Health Information Hub and National Rural Health Association are regularly updating and adding links for Rural Response to COVID-19:

- [Federal and National Response Resources](#)
- [State Response Resources](#)
- [Rural Healthcare Surge Readiness](#)
- [COVID-19 Vaccine Rural Resources](#)

**Long COVID ECHO Webinar Series – Monthly, next session Thursday, April 14, 2:00 p.m. CT – [Register](#)**

These CDC-funded [monthly webinar-style ECHO learning sessions](#) are designed to rapidly disseminate findings and best practices related to patients experiencing ongoing health challenges after COVID-19 infection, a condition known as “Long COVID.” A new *Journal of Rural Health* article also highlights [The Implications of Long COVID for Rural Communities](#).

**[Community Toolkit for Addressing Health Misinformation](#)**. From the U.S. Surgeon General, this toolkit helps individuals, teachers, school administrators, librarians, faith leaders, and health care professionals understand, identify, and stop the spread of misinformation. The toolkit includes common types of misinformation and a checklist to help evaluate the accuracy of health-related content.

## MBQIP Resources

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors**

**Tuesday, April 26, 2022, 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).

**Updated! [MBQIP Quality Reporting Guide](#)**. This guide helps Flex Coordinators, critical access hospital (CAH) staff and others involved with the MBQIP Project understand the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported, and how to submit those measures.

**Updated! [CDC’s Project Firstline: Free Infection Control Training and Education Resources for Healthcare Workers](#)**. When health care workers practice infection control consistently – every person, every action, every day – lives are saved. CDC’s Project Firstline recently released new educational resources to help health care workers recognize the risks for germs to spread and take action to protect your patients and yourself.

**CMS Webinar – Rural Health Quality: How CMS Initiatives Improve How We Measure and Address Gaps in Care**

This presentation will highlight the unique challenges surrounding quality measurement in rural settings, and how the Centers for Medicare & Medicaid Services (CMS) is working to address these issues to ensure equitable care is provided to all Americans regardless of where they reside. Register for the session that works best for you!

- **Wednesday, April 20, 2022, 3 – 4:00 p.m. ET – [Register](#)**
- **Thursday, April 21, 2022, noon – 1:00 p.m. ET – [Register](#)**

Questions, contact [MMSsupport@battelle.org](mailto:MMSsupport@battelle.org).



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 \$740,000 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. (April 2022)*