

# 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.

## National Rural Virtual Quality Improvement Mentor Profile Series: Marilyn Denno

This MBQIP Monthly series highlights 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.



Marilyn Denno, RN

Marilyn Denno, RN, is the director of quality improvement (QI) at [Community Memorial Hospital](#) (CMH) in Cloquet, Minnesota. She has worked for CMH, with one brief break, for a combined total of ten years. Her clinical career began as a certified nursing assistant (CNA), then as a licensed practical nurse (LPN) working in the coronary intensive care unit (CICU) and area clinics. She continued her career as a registered nurse (RN) in a large health system – first working in the CICU and eventually managing the facility’s cardiac registries. With her expertise and passion for cardiology, Marilyn served as the data manager for the Minnesota Society of Thoracic Surgeons for many years. She collaborated with state cardiac surgeons and their data managers in this role, reviewing data and working on many statewide QI initiatives.

CMH is a critical access hospital that offers a full range of medical services; birthing suites and women’s health services, advanced wound care, a family clinic, and an outpatient specialty clinic that includes general and orthopedic surgery with visiting specialists. In addition, it provides infusion and dialysis services, wound care, 24/7 anesthesia services, and has an attached long-term care facility.

Cloquet, a small rural community with a population of 12,000, is close to the tourist city of Duluth on Lake Superior in northeast Minnesota. People are drawn to the area for its “up north” beauty. It is not only home to CMH but also the famous Gordy’s Hi-Hat Drive-In, the nearby Willard Munger State Trail, Jay Cooke state park, and a large casino. A portion of the city lies within the Fond du Lac Indian Reservation, which has a tribal clinic and serves as one of three administrative centers for the reservation.



Community Memorial Hospital, Cloquet, MN

Marilyn’s approach to quality is to start with the data to determine the focus of her QI efforts. She suggests looking at all the data coming in; if the hospital is not doing as well compared with the state or nation, she quickly forms a committee of knowledgeable employees and starts working to improve. For example, with the stressor of the COVID-19 pandemic, HCAHPS scores had dropped, particularly related to the discharge process. As a result, a new Transitions of Care workgroup was initiated to focus on the discharge process. The team has met regularly and made numerous changes, including revising and updating care plans, updating discharge summary templates, and implementing electronic handoff communication.

Marilyn developed the facility’s QI plan during her first tenure at CMH. She organized a Quality & Patient Safety Council consisting of a mix of engaged CMH leaders and community members. When selecting committee members, Marilyn looks at the initiative’s needs. She identifies those with the skills necessary to meet the needs of a particular work group. The PDSA model guides the CMH QI projects; every department must have an annual QI project and produce data, when possible, for their projects. The 30-plus departments present their individual departmental QI projects to the Quality & Patient Safety Council during their monthly meetings throughout the year.



The CMH Policy and Procedure Team

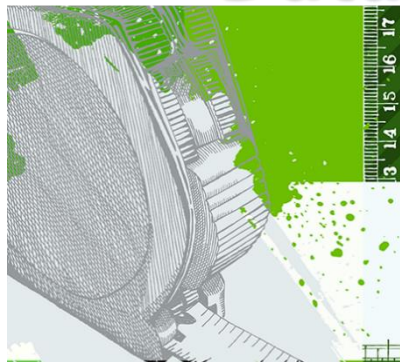
One of the QI projects Marilyn is particularly proud of is CMH’s policy and procedure (P&P) project. After discovering the facility had over 2,000 policies on many different templates and formats, including several duplicates and some outdated information, Marilyn formed the P&P Committee, consisting of department directors, informatics staff, the compliance officer, and front-line employees. The team’s goal was to improve their P&Ps by standardizing the format and ensuring that all policies across the organization are updated annually to meet regulatory requirements. At first, meetings were held weekly, and all committee members (pictured at left) left the conference room with homework. Over time, the committee was able to reduce meetings to monthly as it stands now. The success of this hardworking committee is very measurable. Today, all P&Ps are online and easily accessible throughout the organization. Annual review/revisal of every policy is required. By eliminating duplicate and outdated documents, the number of policies has decreased to a more manageable 1,527 policies – all updated and in the correct format. With a quick scan, Marilyn can now monitor all P&Ps and

easily determine when updates are due; she then sends an email reminder to the responsible department director. Each policy also has its own approving board for content. A new process has been implemented, including an annual review of all policies by the governing CMH board of directors.

Marilyn’s role has expanded over the years. In addition to the monthly QI and data reporting for the hospital, two clinics, and a nursing home, she oversees the Risk/Compliance Specialist, Infection Prevention, the Population Health Nurses, and the work being done for the facility’s ACO-Caravan Health. Five years ago, she was a department of one. With the organization’s growth and her expert guidance, she now leads a busy QI Department with a team of eight professionals.

Marilyn shares this wisdom with those just starting their QI journey: “Don’t be afraid to ask questions to others with similar roles at other hospitals; build yourself a network of professional relationships – you can learn so much from other people. Make site visits and see first-hand how others run their quality programs, especially other critical access hospitals. Never stop improving!”

# Data



## CAHs Measure Up: HCAHPS Response Rates

This summer, the Rural Quality Improvement Technical Assistance (RQITA) team is convening a group of high-performing CAHs in a discussion that will inform the update of the 2017 [Study of HCAHPS Best Practices in High Performing CAHs](#), a national set of best practices, tools, and resources for Flex programs and CAHs to improve patient experience survey responses. We look forward to the update's release this fall! In the meantime, we share some existing best practices for improving HCAHPS response rates based on conversations we've had with high-performing CAHs across the country. Generally, higher response rates can reduce survey error, especially when a small number of patients are surveyed, as is the case for many CAHs.

### Response rates and your HCAHPS vendor

Your HCAHPS survey vendor can significantly influence your HCAHPS response rates. When choosing a vendor, ask them:

1. What are your typical response rates? Is the response rate around the national average of 25 percent<sup>1</sup>? If it's lower or higher, why might that be?
2. How long do you wait to administer the surveys after receiving the list of patients from us?
3. How often and how many times do you try to reach patients to get their completed response? Consider how this fits your expectations.
4. What mode do you use to administer the survey? Phone, paper, or mixed mode (i.e., both)? One CMS study found that mixed mode may produce the best response rates, followed by mail, but consider what might be best given your patient population.<sup>2</sup>

You may also consider connecting with your vendor regularly. For example, having quarterly calls to discuss HCAHPS and any suggestions they may have for you.

### Response rates and your hospital

The vendor isn't all that matters. Here are some ways that might increase response rates that your hospital can control:

1. Administer surveys quickly after patient discharge. Send your list of eligible patients to the survey vendor weekly, not monthly.
2. Let your patients know the survey will be coming. Even though you can't try to influence their responses, give some advance notice that they may be contacted. Make sure they know if this contact will be by mail or by phone, as well.
3. Tell patients why their input matters. For example, one hospital gives patients a "calling card," notifying them that they may receive two calls: "One so that we can check on you, and one so that you can help us improve."
4. Confirm with your patients before they leave the hospital that you have their correct phone numbers and/or mailing addresses.

Hospitals with higher HCAHPS scores also tend to have better response rates. Perhaps the key to higher response rates and better scores is providing a positive overall patient experience.

<sup>1</sup> <https://www.hcahponline.org/globalassets/hcahps/summary-analyses/summary-results/january-2022-public-report-july-2020-march-2021-discharges.pdf>

<sup>2</sup> <https://www.hcahponline.org/globalassets/hcahps/mode-patient-mix-adjustment/final-draft-description-of-hcahps-mode-and-pma-with-bottom-box-modedoc-april-30-2008.pdf>



# 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

### EDTC Abstraction Quiz Answers

Time to see how you did on the EDTC Abstraction Quiz!

The answers are below in red. If you have any questions, you can contact me at [rcarlson@stratishealth.org](mailto:rcarlson@stratishealth.org).

1. This is the Emergency Department *Transfer* Communication Measure, so we don't include patients who are discharged from our ED.
  - a. True
  - b. False
 

It doesn't matter what word is used to describe the patient leaving the hospital. They can be transferred, discharged, returned to, the wording doesn't matter. What you need to look for is what type of facility the patient is going to upon leaving your hospital. If the facility is one listed under 'Inclusions' in the Population and Sampling section of the EDTC Data Specifications Manual, then that patient should be included for abstraction.
  
2. You can choose which population you wish to abstract for the EDTC measure, so we are only picking the patients that get transferred to an acute care hospital for a higher level of care.
  - a. True
  - b. False
 

Patients going to any of the facilities listed under 'Inclusions' in the Population and Sampling section of the EDTC Data Specifications Manual must be included for abstraction.
  
3. Patients who live in a nursing home and return there after an ED visit are considered discharged to "home," so they are not included in the EDTC population for abstraction.
  - a. True
  - b. False
 

Patients who go to a nursing home after leaving the ED must be included in the EDTC population. Nursing home is one of the facilities under 'Other Health Care Facility' in the population Inclusion list in the EDTC Data Specifications Manual. It does not matter that the patient may live in the nursing home, for this abstraction it is not considered "home" it is considered another health care facility.
  
4. After being seen in the ED, the patient was admitted to observation status, so would not be included in the EDTC measure population for abstraction.
  - a. True
  - b. False
 

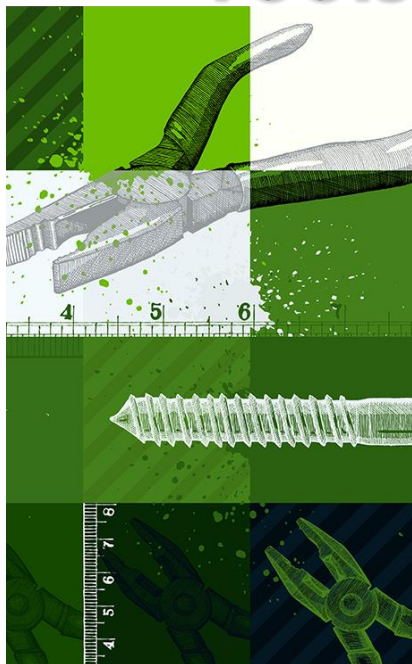
Observation status is listed under the 'Exclusions' for the EDTC population in the Data Specifications Manual, so those patients would not be abstracted for this measure.
  
5. How many EDTC cases should be submitted each quarter?
  - a. No more than 45
  - b. A minimum of 45
  - c. All cases for the quarter if there is less than 45
  - d. There is no requirement.
 

B and C are correct. If you have less than 45 cases per quarter, you must do all of them. If you have more than 45 cases, you must do at least 45 but can do as many as you would like.

6. The definition of “sent” for the EDTC abstraction includes the following data element documentation requirements:
- Hard copy sent directly with the patient
  - Communicated via phone or fax within 60 minutes of patient’s departure
  - Shared electronic health record with the receiving facility where the data entered is available the day after patient’s arrival
  - All of the above
- Answer C is not correct. If you have a shared electronic health record with the receiving facility, the data entered must be made immediately available to the receiving facility, not available the day after the patient’s arrival.
7. The ED provider didn’t sign their note before the patient left the facility so it can’t be used to determine if the ED Provider Note data element documentation requirements were met.
- True
  - False
- There is nothing in the ED Provider Note instructions that says a signature is needed to be able to use that documentation for abstraction. The instructions indicate the minimum documentation that must be part of the provider note, such as history of present illness or condition, a focused physical exam, etc. but there is nothing saying a signature is needed.
8. What chart documentation from the patient’s ED encounter can we use to answer the EDTC data element questions?
- Only the Transfer Summary/Form/Sheet
  - Just the EMATALA form
  - Only the ED Provider Notes
  - The entire ED record
- The patient’s entire ED record for the encounter being abstracted can be used to answer the EDTC data element questions.
9. Our transfer form has a check box by the statement “ED record copied and sent with the patient.” This was checked off and signed by the nurse at the time the patient left the hospital. If there was documentation that all the required data elements were in the record, we can use this to answer ‘yes,’ the data elements were sent.
- True
  - False
- That would be acceptable documentation to indicate that the data elements were sent to the receiving facility.
10. A patient was transferred to another facility before culture results were back. What documentation must be in the ED record to answer ‘yes’ to the data element Tests and/or Procedure Results?
- The culture was negative, and we don’t communicate negative results, so no documentation needed.
  - Culture results will be called to the receiving facility when available.
  - Entire ED record copied and sent with the patient.
  - We have a shared electronic health record with the receiving facility, so the test results can be considered sent; no documentation needed.
- B and D are both correct. There must be documentation in the record on how the receiving facility is going to get the test/procedure results when they are completed. How would the receiving facility know you were only going to communicate positive results if there is no documentation of that in the record? Copying the entire ED record does not automatically mean you can answer yes if there is no documentation saying how results will get to the receiving facility when complete. The only time specific documentation is not needed in the record is if you have a shared electronic health record with the receiving facility. Results would be considered ‘sent’ in this situation.

How did you do? Check the [EDTC Data Specifications Manual](#) if you need to brush up for next time!

# 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](#)

**[HHS/DoD National Emergency Tele-Critical Care Network](#)**. A joint program of the U.S. Department of Health & Human Services (HHS) and the U.S. Department of Defense (DoD) is available **at no cost** to hospitals caring for COVID-19 patients. Teams of critical care clinicians - critical care physicians, nurses, respiratory therapists, and other specialized clinical experts – are available to deliver virtual care through telemedicine platforms, such as an app on a mobile device. Hear from [participating clinicians](#), and [email to learn more](#) and sign up.

**[One-Stop Online COVID Prevention and Treatment in Every County](#)**. Visitors to the site can enter their county and map nearby locations for masks, respirators, vaccines, boosters, and all testing and treatment options.

## MBQIP Resources

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

Tuesday, July 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 Data Submission Deadlines](#). This single-page document contains a chart showing the Medicare Beneficiary Quality Improvement Project (MBQIP) data submission deadlines for Quarter 1 2022 through Quarter 4 2022.

**Updated!** [QI Basics Online Learning Modules and Resources](#). With a new user-friendly layout, the Quality Improvement (QI) Basics course can help equip professionals with knowledge and tools to start QI projects at their facilities. Developed by Stratis Health, with rural audiences in mind, learners may complete the course in sequence or use individual modules and tools for stand-alone training and review. A facilitator's guide and sample course syllabus are also available for group training and discussion within an organization.

### [Health Education Strategies - Rural Health Promotion and Disease Prevention Toolkit](#)

This Rural Health Information Hub toolkit designed to help rural health organizations identify and implement a health promotion program. It also provides resources and best practices for health promotion and disease prevention tailored to rural communities.



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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