MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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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.

National Rural Virtual Quality Improvement Mentor Profile Series: Stacey Karvoski

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.

Stacey Karvoski, RN, BSN,

Before her role as Quality Improvement Director/Risk Manager at Wallowa Memorial Hospital (WMH), Stacey Karvoski, RN, BSN, CPHQ, worked as a firefighter for three years, followed by a career in criminal justice as an adult probation officer. She'd always wanted to enter nursing, so when she obtained her RN, she combined her passions by working in the prison system in Yuma, Arizona as a nurse and in the local hospital's emergency department.

Stacey's early nursing career included obstetrics, charge nurse, nursing supervisor, infection control, and employee health. She has been the Quality Director and Risk Manager at WMH for over five years. In addition, as the Wallowa Preparedness and Response Coordinator, she directs county-level collaboration for disaster preparedness, COVID vaccine clinics, and shelter during power outages, such as in fire evacuations.

As WMH's new Security Department director, Stacey is again combining her passion for criminal justice and nursing. The department was formed in November 2021 to address an increase in aggressive patients/persons in the hospital. The hospital board approved the development of the security program with three full-time officers, who monitor the facility to ensure a safe environment, mainly on nights and weekends. The new program is designed after similar programs in two other Oregon critical access hospitals. It includes de-escalation training for staff and ongoing training on the hospital's learning management system (LMS).

Wallowa Memorial Hospital

WMH is a 25-bed critical access hospital (CAH) that serves roughly 7,000 residents of a remote, rural valley in northeast Oregon. It is under the governing body of the Wallowa County Health Care District, which includes four clinics (two in neighboring towns). WMH has been named an NRHA Top 20 Critical Access Hospitals multiple years, most recently as Overall Winner. WMH is a Level IV trauma center that offers general and orthopedic surgery, OB, rehabilitation (PT, OT, Speech), and the supporting services of lab, radiology, dietary, respite care, and transitional care. A new hospital built in 2007 provides each patient room with a mountain view. The hospital received DNV accreditation in 2017.

The hospital is in Enterprise, a town of 1,500 and the county seat of Wallowa County, the northeastern-most county in the state. Stacey shared that it is called "little Switzerland" for its beautiful mountain views. The Wallowa-Whitman National Forest is close by; the forest service is the second-largest employer after the hospital. She described the region as very outdoorsy, with snowmobiling, backcountry skiing, hunting, and backpacking trails. Tourists come for the beauty, nature activities, and bronze factories and artwork.

The quality program at WMH includes multiple committees. The Quality Improvement Committee, consisting of department directors, meets quarterly and reviews department initiatives and scorecards. The Physician Quality Committee focuses on physician data based on chosen quality metrics. The Credentialing Committee looks at physician metrics based on core privileging (a defined grouping of clinical privileges for a specialty or subspecialty). Physicians are given quarterly scorecards, which are kept in their credentialing files. The Performance Improvement Committee does internal audits by looking for pain points in all areas of the hospital and medical clinics. After an area is identified and a QI project has begun, this committee verifies compliance with the new practices. WMH's Guideline Driven Medical Therapy Committee comprises providers, pharmacy, administration, and nursing. The committee meets to develop prescribing guidelines followed by providers for conditions such as heart failure, diabetes, and falls. Chart audits are completed to determine how physicians are meeting prescribing guidelines, and compliance rates are tracked for each physician. This information becomes part of the provider's individual and a facility-wide scorecard.
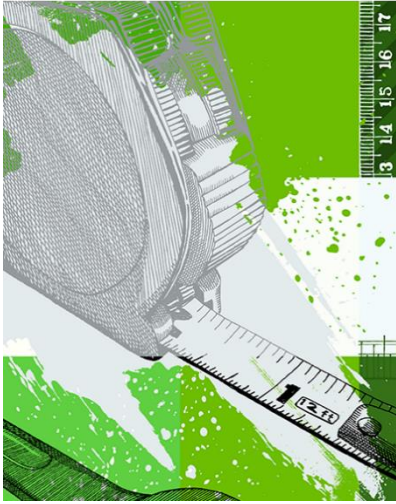
Stacey noted that moving new quality initiatives forward was often challenging in the past. Then a Chief Medical Officer (CMO) was hired and has successfully driven physician involvement and the development of new programs. As a result, physicians are now involved in all quality programs. Stacey and the CMO meet bi-monthly to discuss QI initiatives and data. Stacey and the CMO also co-present at New Employee Orientation and hospital Board meetings.

Stacey takes a "group approach" to quality. "I like to get everyone involved. Everyone has different viewpoints and different touches with patients," she said. "For example, the dietary director might have good ideas on what could be improved on Med-Surg. All departments, clinical and non-clinical, work to improve quality."

One QI project that Stacey is most proud of is the antimicrobial stewardship program. She said that prescribers have taken the program under their wings, volunteering to become champions and developing prescribing practices based on guidelines for different illnesses, such as pneumonia, the diagnosis for their highest readmissions. By following the prescribing practices, readmissions have been reduced for pneumonia patients. The program began over two years ago and continues to expand with new guidelines.

Stacey's advice to someone new in the QI leader role is not to operate in a bubble; reach out to others and ask questions. She also suggests getting physician buy-in first when starting a new initiative, as they are a considerable force in advancing quality. Having a physician champion or a CMO to engage the medical staff and drive quality forward is vital, as physicians must be dedicated to improving quality (along with the rest of the hospital staff). Stacey also notes that it is so helpful to have an administration that supports quality initiatives and can provide guidance as needed.
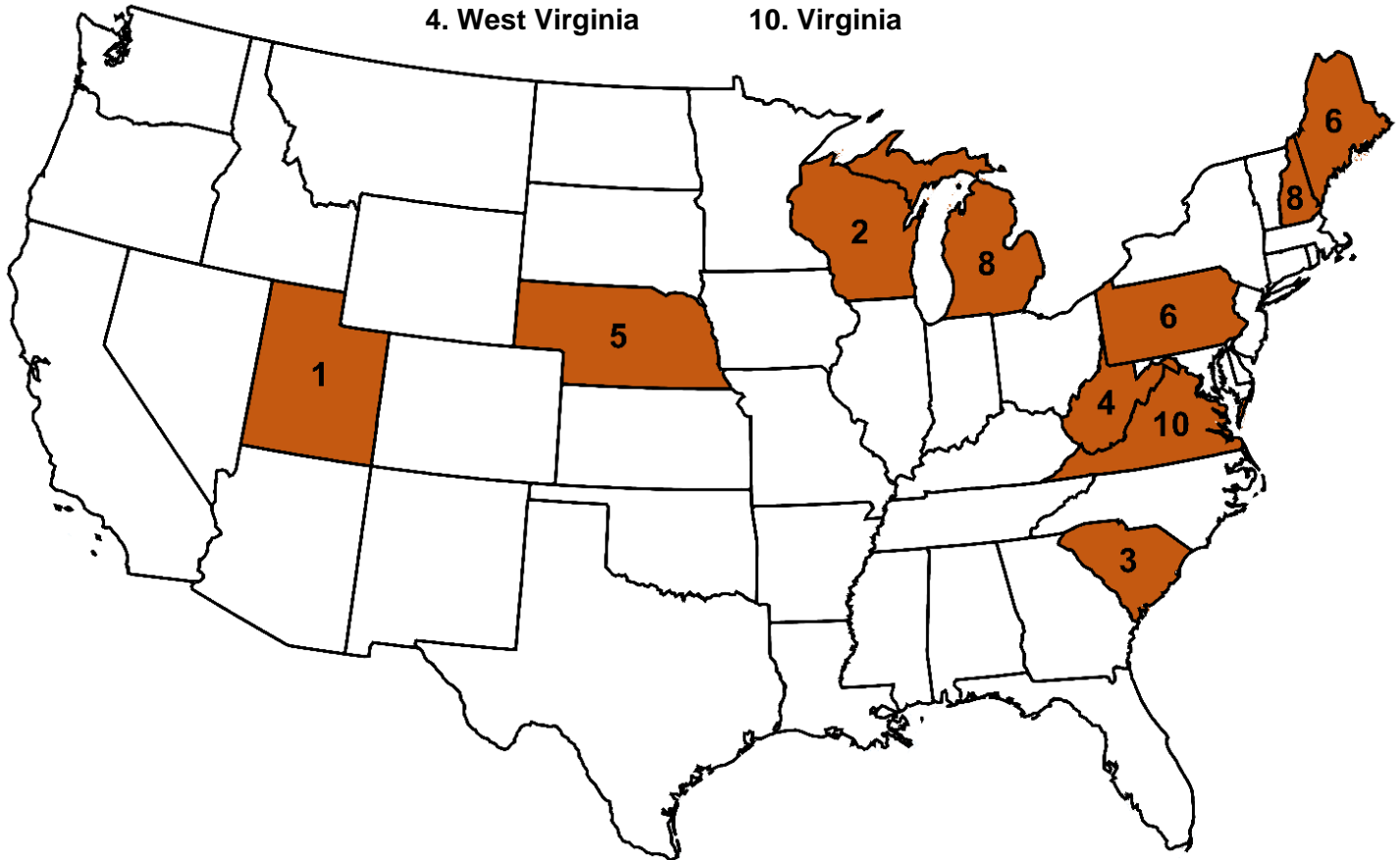
Data

CAHs Measure Up: Top 10 States with Outstanding Quality Performance

At the 2022 annual gathering of Flex programs, awards were announced for the top 10 states with outstanding quality performance among their critical access hospitals (the FORHP MBQIP Performance Award). The 10 states ranked in the FORHP MBQIP Performance Award were determined by compiling rankings of reporting and performance in patient safety/inpatient, outpatient, care transitions, and patient engagement measures for Q1 – Q4 2020. The map below shows the 2022 awardee states.

1. **Utah**

2. **Wisconsin**

3. **South Carolina**

4. **West Virginia**

5. **Nebraska**

6. **Maine and Pennsylvania**

8. **Michigan and New Hampshire**

10. **Virginia**

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

Take the Outpatient Measure Abstraction Quiz
You took the EDTC abstraction quiz, now it's time for one on the Outpatient measures. Take the quiz below to check your abstraction knowledge. There may be more than one correct answer. Check the Hospital Outpatient Quality Reporting Specifications Manual if you need to brush up first. Answers will be in the September MBQIP Monthly. Good luck! If you have any questions, you can contact me at rcarlson@stratishealth.org.
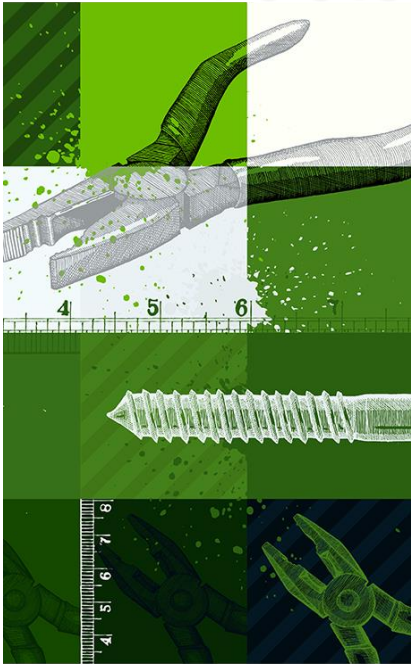
1. Where do you find the CMS Hospital Outpatient Quality Reporting Manuals?
   a. The Quality Reporting Center site.
   b. The Stratis Health website.
   c. The QualityNet home page.
   d. Why would we need a manual?

2. To be included in the AMI measure population, the patient must be/have
   a. 18 years of age or older.
   b. Discharged/transferred to another healthcare facility.
   c. An ICD-10-CM Principal Diagnosis Code for AMI defined in Appendix. A, OP Table 1.1.
   d. All of the above.

3. If we have less than 5 cases that meet the AMI measure population requirements for a quarter, we aren't required to submit them for MBQIP.
   a. True
   b. False

4. Which are true statements regarding OP-22?
   a. The next due date will be in May of 2023.
   b. You will be submitting data for the year 2022.
   c. You will need to know the total number of patients that presented to the ED and the total number that left without being evaluated by a physician/APN/PA.
   d. All of the above.
   e. None of the above.

5. To be in the OP-18 measure population, the patient must have a principal ICD-10 CM code listed in Appendix A Table OP Table 1.0.
   a. True
   b. False

6. "Population" in measure abstraction refers to the number of cases that meet the initial measure set inclusion requirements.
   a. True
   b. False

7. Where do you find the information on how to determine Sample sizes for the Outpatient Measures?
   a. On the Quality Reporting Center site.
   b. In the specific measure section of the CMS Hospital Outpatient Quality Reporting Manual.
   c. In the Population and Sampling Section of the CMS Hospital Outpatient Quality Reporting Manual.
   d. Doesn't matter, we can do however many we want.

8. Instructions on how to answer the measure data element questions are found in the Data Dictionary section of the CMS Hospital Outpatient Quality Reporting Manual.
   a. True
   b. False

9. If a patient is going to a nursing home after leaving the hospital, what should the discharge code for abstraction be?
   a. 1 – home.
   b. 5 – other healthcare facility.
   c. Depends on whether the patient resides in the nursing home prior to the outpatient encounter.

10. Chart documentation states that the patient was transferred to cardiology at General Hospital because our hospital doesn't have provide that level of care. How would you answer the "Transfer for Acute Coronary Intervention" data element?
    a. There was documentation the patient was transferred from this facility's emergency department to another facility specifically for acute coronary intervention.
    b. There was documentation the patient was transferred from this facility's emergency department to another facility for reasons other than acute coronary intervention or the specific reason for transfer was unable to be determined from medical record documentation.

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 and Rural Health Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Tuesday, October 25, 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.

Best Practice Guide on Telehealth for Rural Areas. The U.S. Department of Health & Human Services recently posted the guide on Telehealth.HHS.Gov. The resource includes tools to support the development of a rural telehealth strategy and business plan and information on how to get started, develop a telehealth workflow, bill, and prepare patients for a new way to get health care and access the internet.

Rural Healthcare Provider Transition Project – Applications Open!
The Rural Health Care Provider Transition Project (RHPTP) is designed to help strengthen your organization's foundation in the key elements of value-based care including but not limited to efficiency, quality, patient experience, and safety of care. Interested small rural hospitals and certified rural health clinics are encouraged to apply. Applications are accepted on a rolling basis with a deadline of September 30, 2022 for technical assistance to begin in January 2023. For more information, watch this short video and check out the eligibility and application process, benefits of participation, and FAQs.