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: Tammy Sudtelgte

This MBQIP Monthly series highlights each of the 11 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.

Tammy Sudtelgte, RN, BSN

Tammy Sudtelgte, RN, BSN, quality improvement (QI) and utilization review coordinator at [Floyd Valley Healthcare](#) (FVH) in Le Mars, Iowa, considers her role as a QI resource and coach. "The best experiences I've had as a quality leader have been when I can spark an idea in someone who tells me that they 'can't think of anything to do for their next QI project'," Tammy said. "QI cannot exist if it is only the responsibility of one department and cannot sustain without staff's genuine buy-in and motivation. Helping managers to find that 'spark' and then working with them to coordinate the improvement effort and see it succeed is truly a joy. It's my nature to always look for ways to make things a little bit better and to do things in an organized and efficient way. Quality speaks to my heart–working in this field has been a perfect fit for me."

It is not an exaggeration to say that Tammy has spent her life at FVH–she was born there! At 14, she became a youth volunteer, then a nursing assistant while a nursing student. She worked in various RN roles, including ED, med-surg, charge nurse, and obstetrics, before joining the quality department 18 years ago.

FVH includes a critical access hospital, three outpatient clinics, an urgent care center, and an assisted living facility. Services provided include obstetrics, orthopedics, primary and specialty care (ENT, addiction specialist, feeding and wound clinics, infusion services), several outreach clinics, rehabilitation services, e-consult and telemedicine, and e-behavioral health. While FVH is affiliated with the Avera System of Sioux Falls, SD, they have a local board of trustees. Floyd Valley Clinics is a nationally

Floyd Valley Healthcare

recognized patient-centered medical home and was selected as a Women's Choice Winner for Patient Experience for the second straight year.

Le Mars, in the northwest corner of Iowa in the tri-state area of Iowa, South Dakota, and Nebraska, is known as the ice cream capital of the world, where a single company produces more ice cream than any other city! As a lifelong resident, Tammy is active in the community, currently serving as the Le Mars Area Betterment Foundation Vice President.

Tammy shared that the most satisfying challenge she has overcome as a quality leader is to have transitioned the mindset in the facility from quality assurance to quality improvement and to have opened up facility-wide involvement in quality and transparency in reporting. "When I began as a quality leader, involvement and interest in quality felt minimal. Changing this mindset has taken time, persistence, and many small steps to make things better," she said. Each department is always expected to have at least one organized, meaningful

QI team with Quality Week billboard

improvement project underway. Previously, quality reporting to leadership, medical staff, and trustees was accomplished as a formality by affirming that data was reviewed. Now, managers present their projects to the QI Committee, including the hospital leadership team, on a quarterly rotating basis. These presentations provide feedback and an awareness of other departments' projects. Summaries are shared via

FVH ice cream-themed art

minutes with the Medical Staff and Board of Trustees. Progress is displayed within each department via quality billboards. "I am proud of our facility's quality program as it exists today. We have managers that are truly engaged in quality improvement, and frontline staff participates in improvement efforts."

Tammy's advice for someone new in the QI leader role is, "Don't be afraid to ask for help – you don't have to do it alone." She has been an active member in several state-based groups, including the Iowa Healthcare Collaborative (IHC) and the Iowa Association of Healthcare Quality (IAHQ), a personal membership group coordinated by the state hospital association for quality networking and sharing; Tammy is the 2023 IAHQ president.

She also expressed that quality is a team effort. "Front line staff need to understand they are an important and very visible part of quality, that what everyone does matters," Tammy said. "It's all a part of quality. It's what our patients see and why they keep coming back."

Do You Have a Burning QI Question? Ask a QI Mentor.
The virtual QI mentors want to share their performance improvement experience (PIE) 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 Janelle Shearer for more information.

Guest Spotlight

MBQIP Annual Reports: What Are They, and What Do They Tell Us?
Megan Lahr, MPH, Flex Monitoring Team

Each year, the Flex Monitoring Team (FMT) releases a report on the Medicare Beneficiary Quality Improvement Program (MBQIP) quality measures. These reports provide information on more than 1,350 Critical Access Hospitals (CAHs) from the 45 states participating in the Medicare Rural Hospital Flexibility (Flex) Program. MBQIP aims to improve the quality of care provided in CAHs by focusing on quality data reporting and performance. This information enables participating CAHs to understand their own data better, track quality measures over time, compare to their peers, and collaborate in individual and state-wide quality improvement projects. In addition to the 2021 MBQIP Quality Measures National Annual Report, the FMT also produces yearly reports for each of the 45 Flex states, which can be found on the FMT's State Profiles webpage.

The annual MBQIP reports summarize data on measures from the four MBQIP domains: Patient Safety/Inpatient, Outpatient, Patient Engagement, and Care Transitions. Data for these measures are reported to the Centers for Medicare & Medicaid Services (CMS) through their hospital quality reporting programs, the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) annual survey, and data collected by State Flex Programs (SFPs) that is submitted to the Federal Office of Rural Health Policy (FORHP). For each measure, information is provided on the number of CAHs reporting and their performance. The measures by domain are:

- *Patient Safety/Inpatient Domain:* Two MBQIP core measures are presented in this domain, followed by six Healthcare-Associated Infection (HAI) measures, which are part of the optional "additional" MBQIP measure set.
    - HCP/IMM-3: Healthcare workers given influenza vaccination
    - Antibiotic Stewardship: Fulfill antibiotic stewardship core elements
    - CLABSI: Central-line-associated bloodstream infections
    - CAUTI: Catheter-associated urinary tract infections
    - SSI:C: Surgical site infections from colon surgery
    - SSI:H: Surgical site infections from abdominal hysterectomy
    - MRSA: Methicillin-resistant *Staphylococcus Aureus* (MRSA) infections
    - CDIFF: *Clostridium difficile* (C. diff) intestinal infections

- *Outpatient Domain:* Four MBQIP core measures are included in this domain.
    - OP-2: Fibrinolytic therapy received within 30 minutes
    - OP-22: Patients left without being seen
    - OP3b: Median time to transfer to another facility - acute coronary intervention OP-18b: Median time from ED arrival to ED departure for discharged patients

- *Patient Engagement Domain:* Data for this domain comes from the Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS survey, and includes several components, including doctor communication and overall hospital rating.

- *Care Transitions Domain:* Data for this domain are from the Emergency Department Transfer Communication (EDTC) measure and are collected from CAHs by SFPs and submitted to FORHP.

2021 MBQIP Report: Key Findings
Patient Safety/Inpatient Domain
- **Reporting**: National reporting has remained relatively consistent, with 93.5% reporting in 2021, and 15 states had 100% of their CAHs reporting.

- **Performance**: The percentage of CAHs fulfilling all seven core elements of antibiotic stewardship has increased steadily from 71.4% in 2018 to 88.9% in 2021. Contrarily, after a slight increase from 2018-2019, the percentage of healthcare professionals receiving the influenza vaccination has declined by over 12% to a national total of 79.4% in 2021 (see figure). This is the most significant change out of all MBQIP measures, and the continued decline may be an area in which CAHs and SFPs can continue to work on improvement in the coming year.

HCP/IMM-3 Trend for All CAHs Nationally, 2018-21: Healthcare Workers Given Influenza Vaccine
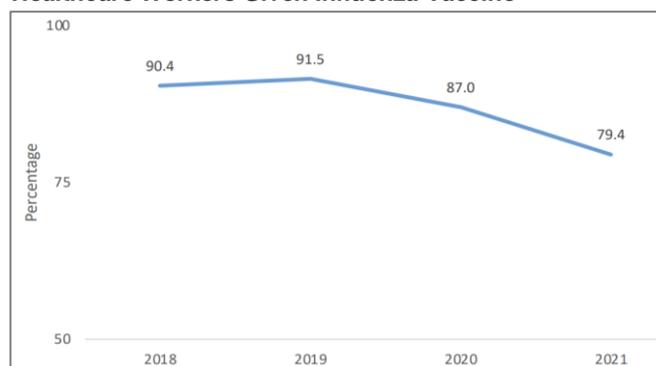
Outpatient Domain
- **Reporting**: Nationally, 88.2% of CAHs reported at least one outpatient measure, and nine states had 100% of CAHs reporting.
- **Performance**: Both OP-2 and OP-22 have low year-to-year variation, with the number of patients receiving fibrinolytic therapy within 30 minutes remaining between 48.3% and 51.3% since 2018, and the percentage of patients who leave without being seen hovering around 1.3%. Additionally, while the time to transfer to another facility for an acute coronary intervention has remained stable, the median time for ED arrival to ED departure for discharged patients has worsened, with the time increasing from 106 minutes to 116 from 2018 to 2021.

Patient Engagement (HCAHPS) Domain
- **Reporting**: National reporting has remained consistent over time, with 92.6% of CAHs reporting at least one HCAHPS survey, including 12 states with 100% of CAHs reporting.
- **Performance**: Performance percentages for each of the HCAHPS measures varied widely from a low of 55.2% of patients reporting that they strongly agreed they understood their care when they left the hospital and a high of 88.4% stating that staff provided the patient with information about recovery at home. Over the four-year period since 2018, all measures have remained relatively stable.

Care Transitions (EDTC) Domain
- **Reporting**: A slight increase in national EDTC reporting occurred from 2020 to 2021 (92.0% vs. 92.6%, respectively), and 18 states had 100% of CAHs reporting.
- **Performance**: For 2021, all EDTC measures had performance percentages greater than 90% and did not vary significantly from their 2020 values.

The FMT also creates quarterly MBQIP reports distributed to CAHs through SFPs. Feedback is always welcome as the FMT continues to adapt these data reports. Feel free to contact the FMT with questions on MBQIP reports or other products found on the FMT website by emailing monitoring@flexmonitoring.org.

Tips

Robyn Quips - tips and frequently asked questions

Year-end and New Year Abstraction Reminders

The end of 2022 is behind us–except for your abstraction and data submissions! Data submission for Q3 2022 isn't until February 2023, with Q4 2022 not due until May 2023, so make sure you are still using the CMS Hospital Quality Reporting Manuals for instructions on abstracting 2022 encounters. Don't start using the 2023 manuals until you are abstracting and submitting data for 2023. There may be changes to measure instructions that shouldn't be made until abstracting 2023 encounters.

When you are ready to start abstracting 2023 encounters, make sure you read through the release notes that go along with the 2023 manuals. Release notes show the changes made from the previous year's manual. Because CMS often puts out manual versions quite far in advance of when they need to be used, there may be more than one version of release notes to read through as they may have made more changes since the initial release.

The year-end means you can start pulling together your OP-22, Left Without Being Seen data. This measure consists of the percentage of patients who leave the emergency department without being evaluated by a physician, advanced practice nurse (APN), or physician assistant (PA). Based on previous years, data for calendar year 2022 is anticipated to be due to the Hospital Quality Reporting (HQR) on May 15, 2023. CMS will let hospitals know when the HQR site will be open for that data submission, usually sometime in January.

It's time once again to start thinking about the Patient Safety Component - Annual Hospital Survey within the CDC National Healthcare Safety Network (NHSN). Filling out the survey meets the Antibiotic Stewardship measure reporting requirement for the MBQIP program. At the beginning of each year, a new facility survey must be completed to reflect data from the prior calendar year. So, at the beginning of 2023, the hospital will complete a 2022 Annual Hospital Survey containing data from 2022. Surveys must be completed by March 1 each year. Check the NHSN Annual Facility Survey resource page for more information on when you can start to submit survey data.

Just a reminder that the next Quarterly Open Office Hours abstraction call is coming up. There is no agenda; it's your time to ask me MBQIP abstraction questions and share any abstraction issues with other CAH abstractors who come on the call. Here's the registration info if you are interested:

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Tuesday, January 24, 2023, 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.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide

- Emergency Department Transfer Communications

- Inpatient Specifications Manual

- Outpatient Specifications Manual

Tools
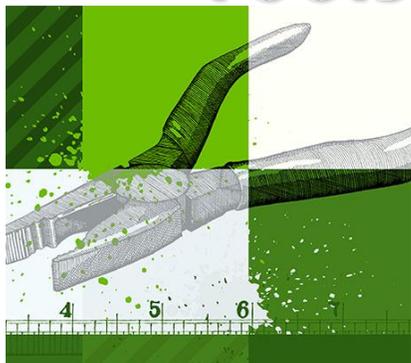
COVID-19 Information

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

One-Stop Online COVID Prevention and Treatment in Every County. Enter your county to find local COVID-19 guidance and resources.

MBQIP and Rural Health Resources

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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). Calendar Year (CY) 2022 submission deadline is February 28, 2023.

ICYMI! **Best Practices in Patient Experience at Critical Access Hospitals: Incorporating Lessons from COVID-19.** This Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) best practice study includes strategies that high-performing CAHs employed to maintain the best possible health care experience for patients despite the coronavirus pandemic. It is an update to HCAHPS approaches collected from high-performing CAHs across the U.S. during focus group interviews conducted in late 2016.

Quality Improvement Resources for Rural Health Care Organizations. If you are new to health care quality improvement (QI), you might feel overwhelmed navigating and making sense of all the learning resources, national QI entities, and reporting programs. This resource points quality health care professionals to helpful introductory resources and provides awareness of the more prominent health care quality organizations, programs, and terms.