

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: Linda Webb

This MBQIP Monthly series highlights each of the 10 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.



Linda Webb, MBA, BSN, RN

Linda Webb, MBA, BSN, RN, NEA-BC, is the chief nursing officer (CNO) at [Pulaski Memorial Hospital \(PMH\)](#) in Winamac, Indiana. She has been at the hospital for 42 years, starting as a nurse technician while a high school senior. As an RN for 39 years, Linda held many positions until becoming CNO 27 years ago. She states that life-long learning is one of her fundamental pursuits, as evidenced by her educational degrees and numerous certifications, including the Nurse Executive Advanced and Lean Yellow, Green, and Black Belt Healthcare certifications. In addition, Linda is involved in multiple regional, state, and national organizations and quality initiatives, being a leader at all levels.

PMH is a critical access hospital with four clinics serving residents of Pulaski County and surrounding areas. Many service lines are provided, including cardiology, chemo-oncology, general surgery, orthopedics, and therapeutic physical, pulmonary, cardiac, and lymphedema therapy services. It is recognized for its quality as a top 20 critical access hospital by the National Rural Health Association (NRHA).

PMH is in the small city of Winamac, population 2,490, and the county seat for Pulaski County. The primarily agricultural area is two hours south of Chicago and two hours north of Indianapolis. Winamac is home to BraunAbility, a manufacturer of wheelchair-accessible vans and wheelchair lifts, which, along with PMH, is a major employer for those living in the area. PMH works closely with the community, for example, with the county health department providing COVID-19 vaccine clinics to local schools, businesses,



Pulaski Memorial Hospital

and residences. PMH also collaborates with the county community mental health center, including sharing licensed clinical social worker staff and Linda’s participation on the board.

Linda and the quality/risk director, who is not a clinician, work together to provide and improve quality care at PMH. The Quality Committee meets monthly, with all departments reporting quarterly. The hospital CEO attends the meetings, showing the importance and commitment to quality. A quality dashboard provides current information and is shared with the medical staff and board of trustees. Linda shared that the board is very committed to quality, along with the finances. She said they have in-depth discussions on quality reports and initiatives at board meetings, even asking for a drill down for falls. Linda also gives credit to the medical staff who have embraced quality and are champions in helping get provider buy-in.



The PMH Readmissions Team

One of Linda’s most rewarding quality committees is the Medication Safety Committee, as they get a lot of work done, making real-time changes, realizing quick improvement. The group meets monthly and consists of front-line nurses from the day and night shifts, clinical IT, and pharmacy. They review potential near misses and actual incidents that occur at PMH. In addition, they look at the literature and newsletter alerts for possible errors that could happen there, such as Heparin issues in the nursery or medication dispensing packaging and examine PMH processes for potential errors and make changes to prevent them. PMH also has what it calls “Do It Projects,” where someone brings up an improvement opportunity, and a small team is formed. The team does rapid PDSA (plan, do, study, act) improvement cycles and fixes problems quickly.

Linda’s approach to quality involves looking at what is working well and what needs improvement. She said accountability and transparency are essential in improving quality. Every department at PMH is expected to have ongoing quality initiatives using standard reports and tools. All staff need to focus on quality; front-line staff even assist with data collection, which helps them understand compliance and expectations. Linda also believes in providing individual feedback, whether positive or negative (done privately), and listening to the front line for their ideas and solutions. “I have found that giving the nurses individual feedback through a report card has proven to help them focus on their individual practices and improve patient safety,” Linda said.

Linda has a passion for rural nursing, describing it as a way to give back to the community by helping to provide safe and high-quality care to those in need. Her advice for someone new in the QI leader role is to find champions at the unit and medical staff levels. “In a small rural hospital, we all wear many hats, and prioritizing the work can be challenging, especially when many initiatives are competing for your time,” Linda said. “Do something because it is needed, looking at the data for opportunities for changing an outcome.”

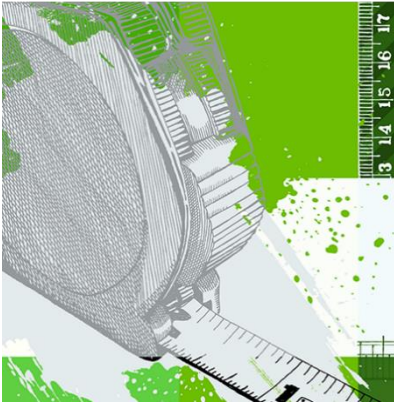


Do You Have a Burning QI Question? Ask a QI Mentor.

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.

Data



CAHs Measure Up: Emergency Department Transfer Communication Measure Reporting Trends

Critical access hospitals (CAHs) play a crucial role in stabilizing and transferring patients in emergency situations. Improving emergency transitions of care is a key component of increasing the quality, effectiveness, and efficiency of health care services. The Emergency Department Transfer Communication (EDTC) measure allows CAHs to evaluate and improve upon the effectiveness of this vitally important role. Effective transfer of patient information from the emergency department to the next site of care fosters patient care continuity and helps reduce errors, improve outcomes, and increase patient and family satisfaction.

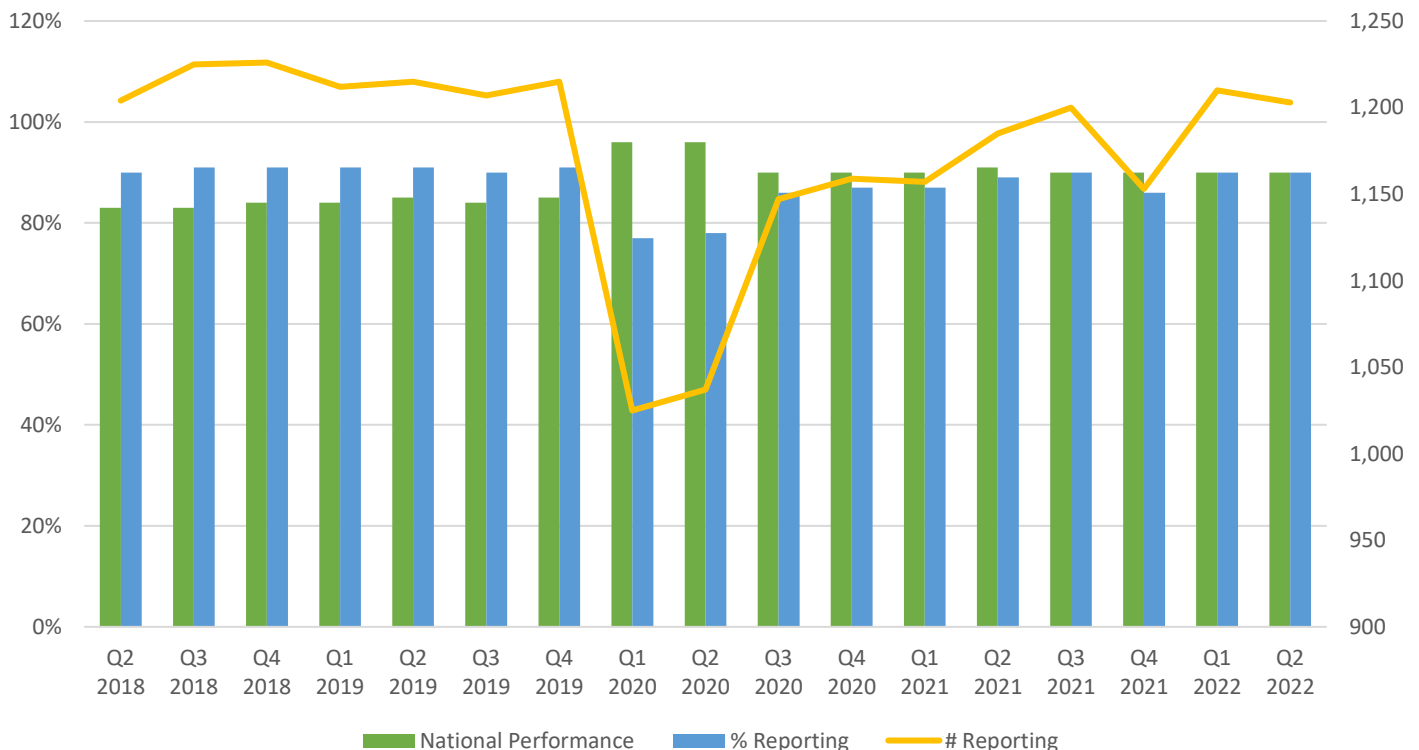
The EDTC measure has been a core measure of MBQIP since 2015. In Q1 2015, when the EDTC measure was first included in MBQIP, roughly 500 hospitals were reporting the measure. As of Q2 2022, the most recent timeframe of data available, this number had increased to over 1,200 hospitals or a 90% reporting rate nationally.

The chart below shows national performance data from Q2 2018 to Q2 2022. At the beginning of the COVID pandemic in 2020, there was a significant decrease in the number and percentage of hospitals reporting this measure due to time and resource constraints. Although the trend for both performance and reporting has been re-stabilizing to prior levels, around 10% of CAHs are still not reporting EDTC.

If your CAH isn't already collecting this measure, please reach out to your [state Flex program](#) to see how your facility can evaluate and improve the transfer of information for your patients!

[View EDTC data specifications and collection resources.](#)

EDTC Measure Reporting Trends, Q2 2018-Q2 2022



Tips



Robyn Quips - tips and frequently asked questions

Removal of AMI Chart Abstracted Measures

CMS has announced that the two outpatient AMI measures that are currently part of the MBQIP program will be removed following Q1 2023 data submission:

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention

CAHs should continue to collect these measures through Q1 2023 encounters (due 8/1/2023). However, starting with Q2 2023 encounters, the measures do not need to be collected, and the Hospital Quality Reporting (HQR) platform will no longer accept data submissions for these measures. Since MBQIP uses the HQR platform for submitting these measures, when CMS removes that functionality, there is no longer a method for submitting the data, so it needs to be removed from this program as well. [Read more information on the AMI measure removal.](#)

Annual Facility Survey Due Date

To meet the Antibiotic Stewardship measure for MBQIP, the hospital must fill out the Annual Facility Survey found in the Patient Safety Component within the CDC National Healthcare Safety Network (NHSN). 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. **The deadline to complete the annual survey is March 1, 2023.** More information, along with the survey form and instructions, can be found on the [NHSN](#) site.

Have An Abstraction Question?

If you've missed my January Open Office Hours call and have a specific abstraction question you'd like to ask, use this [form](#) to submit it to me, and I'll answer a question or two each issue in this column and we can discuss them during the next call. Please limit your questions to abstracting/submitting data on the current MBQIP core measures. Check out the Tools and Resources page of this issue to sign up for the next Open Office Hours call.

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

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors

Tuesday, April 25, 2023, 2:00 – 3:00 p.m. CT – [Register](#)

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will offer open office hours 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.

Deadline approaching! [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.

Recording now available! [4 Moments of Antibiotic Decision Making in Critical Access Hospitals](#). In this recorded online session co-hosted by CDC and HRSA's Federal Office of Rural Health Policy, Drs. Sara Cosgrove and Pranita Tamma from Johns Hopkins discuss the Four Moments of Antibiotic Decision Making in Critical Access Hospitals using [AHRQ's Toolkit to Improve Antibiotic Use](#).

Now available! [Patient Safety Annual Facility Survey](#). 2022 Patient Safety Annual Facility Survey forms and the respective instructions tables are available and can now be completed within the CDC National Healthcare Safety Network (NHSN). The deadline to complete the annual survey is March 1, 2023. 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 guiding each survey question is also available, along with instructions on finding and submitting the survey.



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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