

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](#).

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Find past issues of this newsletter and links to other MBQIP resources on TASC's [MBQIP Monthly](#) webpage.

## Rural Success: North Canyon Medical Center, Gooding, ID

North Canyon Medical Center (NCMC) serves a cattle and sheep ranching community of 3,500 people in Gooding, in south central Idaho. The critical access hospital with an average daily census of six has been awarded four stars by CMS and five stars for HCAHPS performance. It is successful across MBQIP domains and has been actively engaged in the CMS Partnership for Patients Hospital Engagement Network.

Foundational practices influence overall quality and patient safety success. Patty McClary, director of nursing and responsible for quality and patient safety, describes an intentional and consistent focus on patient centeredness that influences all administrative practices, including hiring and staff evaluations. Patty also credits supportive leaders that allow her to make patient safety staffing decisions and ensure resources are available.

The core values of the hospital are integrity, commitment, advocacy, respect, and excellence (ICARE). Every person wearing an NCMC badge is taught, and expected to model the values. "Hiring right is key—a task can be taught, loving your job can't be. Some people have come and gone because they weren't able to represent our values," said Patty.

HCAHPS overall performance has been influenced by leadership rounding. Initially department heads would partner with a clinical director and round with patients to discuss any concerns they might have with their hospital stay. Recently, the process was formalized to make the visits more meaningful. A member of the executive council (chief executive officer, chief operating officer, chief financial officer, surgical director, director of nursing, and public relations director) now rounds with patients, asking standardized questions to identify opportunities to improve patient experience in real time. Leadership rounding keeps non-clinical leaders in touch with what is happening at the bedside and accelerates improvement.

High HCAHPS performance related to nursing communication is attributed primarily to bedside shift report, implemented three years ago. The transition was difficult at first. "Nurses weren't comfortable talking about patient care in front of the patients," said Patty. She came in at night shift

change to observe, make suggestions, learn, and provide support to the nursing staff until the change was well ingrained. A bedside shift report checklist that includes a printout of the patient’s active orders guides the handoff. Many of the questions and concerns related to patient care on the previous shift have been eliminated by having both nurses review the IV rates and medications together at the bedside.



CNAs also conduct bedside shift reports for a smooth transition related to patient direct care assistance needs and safety. To target responsiveness of hospital staff, hourly rounding by CNAs using the 4 Ps (Pain, Potty, Position, and Personal item within reach) is performed. Patients are notified that a nurse or nursing assistant will come in every hour, and this is reinforced as they leave every encounter by letting the patient know when they will be back. Patty tends to be generous in her CNA staffing to

accomplish much of the patient assistance with activities of daily living and as an affordable option to accommodate more nursing time at the bedside.

Patient perception of pain management is a difficult issue in light of the opioid abuse crisis. The NCMC patient care team developed a successful strategy to manage patient expectations. Nurses work with each patient to help them understand that, in some cases, zero pain is not a realistic expectation. Together, they agree on a goal for pain management. That, in combination with checks on pain during hourly rounding has resulted in HCAHPS pain management scores at 79 percent, well above state and national averages.

To improve communication about medications, verbal and written education is provided by a nurse for every medication given to patients at NCMC. The pharmacist visits patients during their stay or upon discharge to provide education on any new medications prescribed during their hospital stay, and discharge follow up phone calls are made to see assess questions or unmet needs.

NCMC achieved steady quarterly improvement in length of time to pain management for long bone fractures in the emergency department (50 minutes, 34 minutes, 26 minutes, 20 minutes consecutively). Time to pain management for these patients was monitored closely by the ER supervisor, and she frequently pulled the ED nurses and providers together to talk about how to treat pain sooner.

Lastly, some timely ideas for improving influenza immunization success related to patients and health care personnel. NCMC started administering influenza immunizations to patients as soon as the vaccinations arrived. Influenza immunization screening is hardwired into the hospital admission assessment, and influenza vaccinations are defaults in the electronic health record, which means the physician has to cancel the order if the patient has already received the vaccine. Last year 85 percent of health care personnel at NCMC received influenza immunizations, which is remarkable in light of an administrative decision not to make the immunizations mandatory or to require staff to wear masks while caring for patients. Patty attributes this success to an effective pulling of heart strings, and the outstanding attention to patient safety by hospital personnel.

**NCMC Best Practices**

- Leadership rounding
- Bedside shift report by nurses and CNAs
- Hourly rounding by CNAs, using the 4 Ps
- Patient/nurse realistic goal setting for pain management
- Pharmacist visits to explain all new medications
- Frequent monitoring, feedback, and brainstorming to improve performance on a focused topic
- Set influenza immunizations as defaults in EHR

# Data



## CAHs Measure Up: Measuring the Influenza Season

The 2016-2017 influenza season is upon us. CAHs participating in MBQIP report two influenza-related measures for the program:

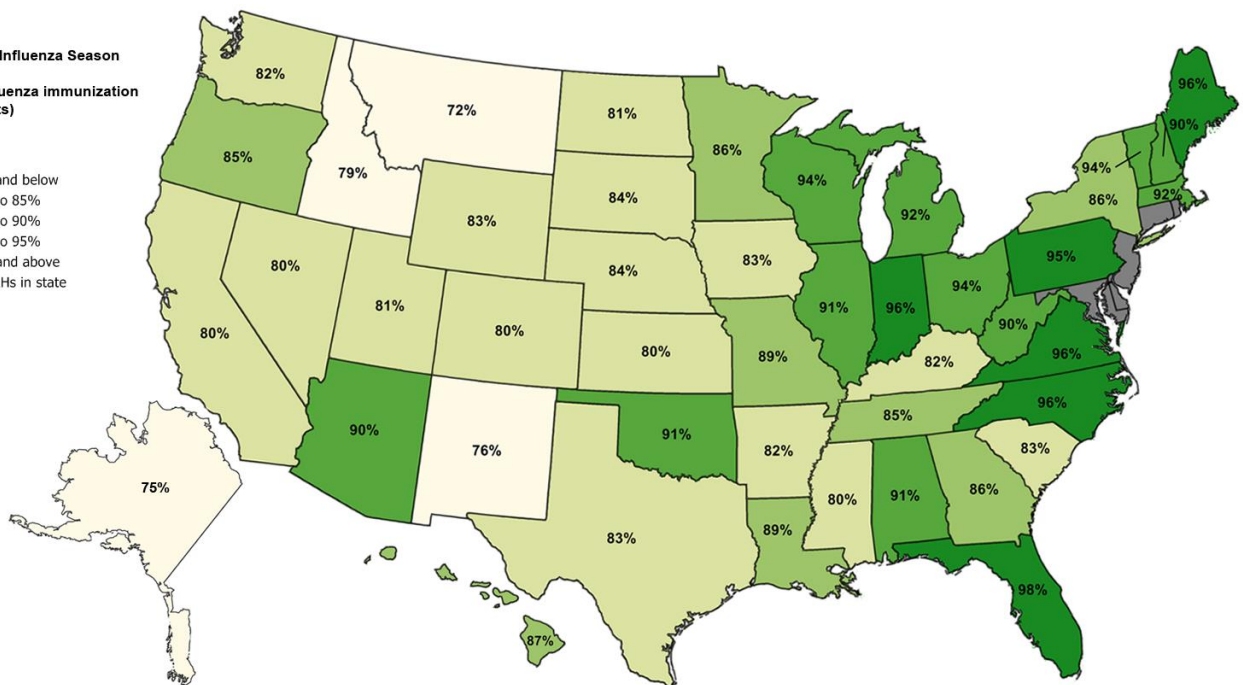
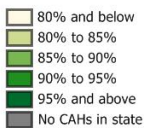
- IMM-2, or influenza immunization (for patients), includes data for vaccines given during the 2015-2016 influenza season. IMM-2 rates are on the second pages of your Q4 2015 and Q1 2016 MBQIP Patient Safety and Outpatient Data Reports.
- OP-27, or influenza vaccination coverage among healthcare personnel, is reported once a year via NHSN—the Centers for Disease Control and Prevention's National Healthcare Safety Network. OP-27 rate is on the second page of your Q1 2016 MBQIP Patient Safety and Outpatient Data Report. The numbers represent vaccinations given during the 2015-2016 influenza season.

The two maps below show 2015-2016 influenza season state rates for IMM-2 (both quarters) and OP-27. CAHs that didn't report don't contribute to the state rates.

For the measures covering the last influenza season (2015-2016):

- IMM-2 had a 87% national average immunization rate, 858 CAHs reported
- OP-27 had a 86% national average immunization rate, 840 CAHs reported
- Though the national averages were similar, some states had great variability between rates. Patient immunization rates ranged from 22% lower to 17% higher than the immunization rates for CAH healthcare personnel
  - 21 states had CAH patient populations with lower rates
  - 23 states had CAH patient populations with higher rates
  - 1 state had the same immunization rates

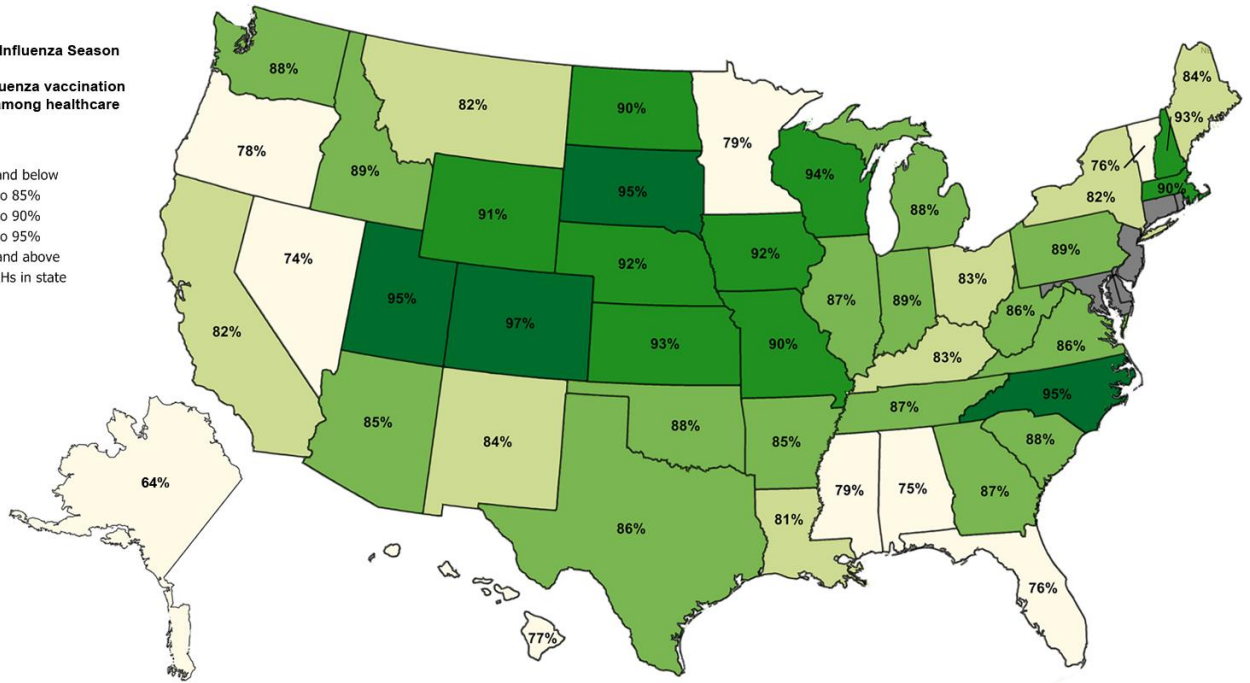
2015-2016 Influenza Season  
IMM-2: Influenza immunization (for patients)



2015-2016 Influenza Season

OP-27: Influenza vaccination coverage among healthcare personnel

- 80% and below
- 80% to 85%
- 85% to 90%
- 90% to 95%
- 95% and above
- No CAHs in state



How did your state perform during the 2015-2016 flu season? How did your hospital compare? Check your MBQIP data reports to see. Contact your state Flex program with questions about the reports.

Where do you want to be this influenza season?

# Tips



## Robyn Quips - tips and frequently asked questions

### Population and Sampling: What, Why, When, Where, How?

If you read August’s MBQIP Monthly or looked to see what the \* meant on the [MBQIP Data Reporting Reminder](#), you know CAHs are being strongly encouraged to enter Population and Sampling information into QualityNet. Since some people still have questions on what it is and why CAHs should spend time doing it, I’ll recap.

**What?** For this reporting program, population is the number of cases that meet a specific set of requirements for each of the clinical measures. The AMI measure set (OP-1-5) has a specific population. The Chest Pain measure set (OP- 4&5) has a specific population, IMM-2 does, and so on. Don’t guess which cases you need to abstract. Refer to the CMS Specifications Manuals for each measure set’s population requirements. The number of patients that are seen in your CAH with those specific requirements is your population.

Sampling refers to whether your population is large enough that you don’t have to abstract all cases, you can just do a random sample. Again no guessing because the CMS Specifications Manuals have sampling guides. Determine your population for the quarter and then check it against the sampling size requirements in the manual. If you have too few cases you must abstract them all, if your numbers meet the requirements you can chose to do a sample.

## Go to Guides

### Hospital Quality Measure Guides

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

**Why?** Recording population and sampling data keeps you from having to explain why you have no data in the warehouse for the times when you actually have 0 cases that meet the measure population. Entering the population and sampling numbers, now covers that gap.

In the past, the MBQIP data reports only looked to see if data was in the warehouse. If your hospital had no cases, the reports showed that you had no data. You had no way to show that you had no cases to submit. Now if no data is in the warehouse, the population and sampling grids will be automatically checked. If you've entered a 0 to show that you had no cases, the reports will now show you had no cases that met the measure population—no need to explain. You do not need to fill out the grids for measures that aren't required for the MBQIP program, just leave those blank. If you are submitting data for additional measures, enter those numbers.

**Where and when do you enter this data?** Data is entered through the secure site of QualityNet. It doesn't go to the warehouse, it resides in another location. It is a separate step from submitting your abstraction data. It has a submission due date just like the measure data. Population and Sampling data for Q2 2016 is due on November 1, 2016. For both the outpatient and inpatient measures. Even though your inpatient measure isn't due until November 15, 2016, the population numbers are due on the 1st. Because that's the way CMS has it set up. After the 1st, the Population and Sampling grids are locked down and you can't enter your numbers for the quarter. If you usually wait until the last minute to do your abstracting and submission, don't wait to enter your population and sampling numbers. Think of it as another way to make sure you maintain an active QualityNet account by logging in more than just once a quarter!

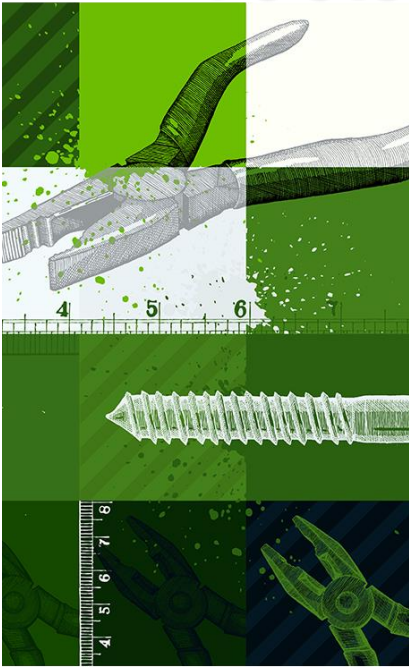
### How to Enter Population and Sampling Data

1. Population and sample size counts are submitted via the QualityNet Secure Portal in the Hospital Inpatient/Outpatient Population and Sampling application, which is located under Quality Programs, then under My Tasks.
2. Log into the QualityNet Secure Portal.
3. Select Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR from the Quality Programs drop-down menu.
4. Look for Hospital Reporting Inpatient/Outpatient; select View/Edit Population & Sampling.
5. Select Inpatient or Outpatient Population & Sampling.
6. Enter your facility's CCN; click Continue.
7. Select the reporting period for the data you are submitting; click Continue.
8. Enter the number of cases in the grids.

It takes a little bit of time to fill in the grids, but I think it beats possibly having to explain why your hospital didn't submit data in a quarter when you didn't have cases. If a vendor is doing your data submission, you can check with them to see if this is a service they perform.

Robyn Carlson, Stratis Health quality reporting specialist, provides Flex Coordinators with technical assistance related to MBQIP.

# Tools



## Tools and Resources

[Agency for Healthcare Research and Quality Guide to Patient and Family Engagement in Hospital Quality and Safety](#). Nurse bedside shift report, one of the tactics identified by North Canyon Memorial Hospital in this month's CAH Can article is one of four key strategies identified in this evidence-based resource to help hospitals work as partners with patients and families to improve quality and safety. The guide includes a Nurse Bedside Shift Report Implementation Handbook that includes a bedside report checklist, training materials, and a sample patient and family brochure.

[Healthcare Professional Flu Measure \(OP-27\) Webinar](#). This recorded webinar provides an overview of the Healthcare Professional Flu measure (OP-27), including how to sign up for an account through the National Safety Healthcare Network (NHSN), the measure submission process, and available quality improvement support. A summary of frequently asked reporting questions also is posted. (86-minute webinar)

### Due October 31 - EDTC Measure

#### [Rural Emergency Department Transfer Communication - Resources](#)

These tools and resources can help!

- **Data Specifications Manual - EDTC (January 2016)**. Use this manual for data collection starting with Quarter 1, 2016 transfers.
- **Data Collection Tool - Emergency Department Transfer Communication Measure (January 2016)**. Use this Excel tool for transfers starting Quarter 1, 2016.
- **EDTC Online Recorded Trainings**. Two recorded trainings are available to help support data collection for the EDTC Measure.
  - EDTC Data Specifications Overview. A guided overview of all the data elements in the EDTC Measure Data Specifications Manual. Have the manual open to follow along. (22-minute audio file)
  - EDTC Data Collection Tool Training Video. A step-by-step guide on how to download the Excel-based data collection tool, enter data, and run reports to calculate your measures. (18-minute video)



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) under grant number U1RRH29052, Rural Quality Improvement Technical Assistance Cooperative Agreement, \$500,000 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.