MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

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: TriStar Ashland City Medical Center, TN

Ashland City, Tennessee, with a population of around 4500, is located half an hour west of Nashville. TriStar Ashland City Medical Center, part of the TriStar Health system, is a 12-bed critical access hospital with an average daily census of around six that joins the ranks of the highly successful in regards to MBQIP. Darrell White, administrator and chief nursing officer, states that it has taken a while to achieve the present culture of change and of excellence, but hard work has paid off in terms of MBQIP and other quality improvement programs. Quality improvement progress has been mirrored by increases in physician and staff engagement metrics, and accompanied by the lowest RN turnover in the history of the hospital.

Hiring for cultural fit, leadership development and engagement with staff, and transparency with data are considered to be the most powerful drivers of excellence at TriStar Ashland City Medical Center. Staff selection starts with a behavioral assessment, followed by manager and peer interviews, and finishes with a shadowing experience to make sure prospective employees understand the environment they are entering. "Clinical skills are important, but fit for the team is crucial to drive change at the bedside and to impact outcomes," said White, adding that hospital staff act as guardians of the culture, holding each other accountable to excellence and a caring, family atmosphere.

Hospital leaders drive change by clearly communicating expectations and maintaining a high degree of accountability across all levels of the organization. A robust leadership development program that starts early to develop future leaders has been implemented with the intent of driving quality outcomes and employee retention. One arm of the program works specifically with dedicated charge nurses and combines leadership and clinical topics. All department leaders are expected to round with staff individually at least once a month to ensure that employees have a voice in decision making. The leader rounds are structured with the following questions:

- What is working well?
- What can be improved on?

- Who would you like to recognize?
- Are there resources you need to take care of your patients?

Posted leader rounding "Stoplight Report"

Leader rounding findings are posted on stop light reports, where green represents a request that can be accommodated immediately; yellow represents a request that might take some time; and red indicates that the request, after evaluation, is not feasible at the time. One might compare a request for a stapler versus a new CT scanner when differentiating between a green and red allocation.

TriStar Ashland City Medical Center leaders believe that a high level of data transparency with staff and providers creates an environment of friendly competition and accelerates improvement. White points out that the resources invested in data collection benefit the hospital only if progress is shared broadly and openly, and acted upon by leaders, staff and providers.

While TriStar Ashland Medical Center achievements across any of the MBQIP domains are worthy of celebration, time critical care in the emergency department and influenza immunizations for patients and health care personnel stand out. Median time to transfer for acute coronary intervention (OP 3) in the hospital ED is less than half of the national median at around 30 minutes, and all AMI care measures fall within the 90th percentile nationally. White credits the emergency department staff for this success, stating that nurses told administration what they need. They asked for a box to keep everything in one place for chest pain and AMI patients – protocols, documentation forms, and supplies. And so the "STEMI box" was born – actually two, so there is always a back-up. Now nurses don't have to leave the room for anything, saving precious time to move patients quickly on to a hospital where acute coronary intervention can take place.
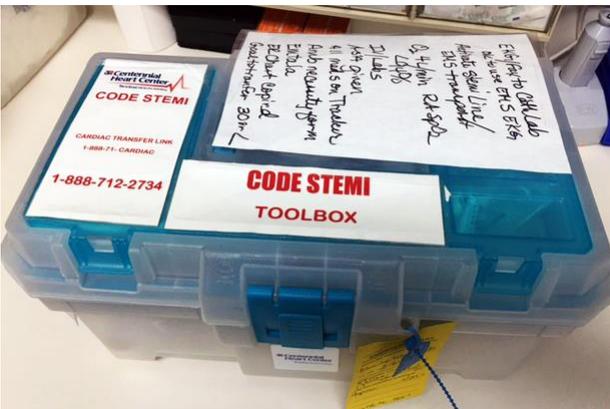
"STEMI box" *for chest pain and AMI patients*

White attributes the hospital's shining 100 percent last season for influenza immunizations (IMM 2) to a solid process to screen patients and administer the vaccination to those eligible. As in other areas, frequent monitoring of performance and feedback to staff and providers is also critical to the right care for every patient, every time. And as for healthcare personnel influenza immunizations, 96 percent changed from a dream to reality with mandatory immunizations barring medical contraindications, mask requirements for unvaccinated personnel, and staff ID badge stickers reflecting immunization status.

Culture change takes a while, but hard work pays off. Never give up.

Data

CAHs Measure Up: Using the Internal Quality Monitoring Tool with CART Reports

This month's *Robyn Quips* section covers how to run reports using the CMS Abstraction and Reporting Tool (CART). If you are using CART, you can run these reports on a frequent basis and keep track of your progress on measures. This month's *Data* section will show you how you can enter data from CART reports into the Internal Quality Monitoring tool, part of the Hospitals. This Excel-based tool can help you track your measures over time in one easy-to-use location. We'll illustrate how to do this by using Robyn's sample AMI measures report, focusing on OP-4.

First, check out the March 2016 MBQIP Monthly for more detailed instructions on downloading and getting started with the tool.

Once you have downloaded and opened the tool, navigate to the orange "OP-4 – Percentage" tab. Fill in all of the yellow boxes in "Background Information" so that you see something similar to the example below. Match up your "Frequency of Monitoring" and "Start Date of Monitoring" with CART. In our example, we have run a quarter of data that starts on 07-01-2016, so we select "Quarterly" and enter "7/1/2016".

Background Information		
Name of Hospital or Unit:	Stratis Health - 999999	
Name of Measure:	OP-4: Aspirin at Arrival	
		Only update/enter data in the yellow-highlighted cells. All others will automatically update.
Frequency of Monitoring:	Quarterly	
Start Date of Monitoring:	7/1/2016	Once you've chosen a frequency and start date for monitoring and started entering data, don't change the frequency or start date for monitoring in this tool without also updating the data or your data will no longer match up to the dates.
Data Source:	Chart abstraction	
What is the numerator?		
What is the denominator?		
Notes:	Outpatient MBQIP Domain, AMI measure set, goal is an increase in the rate (percent)	

Quarterly Measure Summary Trends for OP-4: Aspirin at Arrival (Stratis Health - 999999)

Next, take a look at your report. If you look in the "Measures" section of the AMI Measures report, you will see each measure in the set. The second column of the "Measures" section contains the data you will use for updating the Internal Quality Monitoring Tool. For OP-4, you'll notice that in our example below, we have a numerator (N) of 3 and a denominator (D) of 5. This is what we will enter into our Internal Quality Monitoring tool for the appropriate date.

Quarterly Measure Summary Trends for OP-4: Aspirin at Arrival (Stratis Health - 999999)						
Quarterly Encounters for Quarter Starting:	Numerator	Denominator	Percentage	Your Goal	Notes or comments	Date Data Entered
July 1, 2016	3	5	60.00%	100%		2/1/2017
October 1, 2016			N/A	100%		

You can continue to do this on a regular basis – just run a report in CART and add the next time period of data. You can also do this with other MBQIP measures within the tool – just use the appropriate tab at the bottom of the Internal Quality Monitoring Tool and make sure you're adding data from the equivalent measure in your CART report.

Finally, remember that this Excel-based tool is for internal use at your hospital. It doesn't replace any reporting requirements. But, this tool can help you track progress for quality improvement efforts, particularly if you run reports and enter data on a regular basis.

Tips

Robyn Quips - tips and frequently asked questions

### How to Run Reports in CART

The CMS Abstraction and Reporting Tool (CART) has the capability to generate reports that will enable you to preview and print detailed abstraction information, as well as detail and summary measure outcome information for your hospital. The screen shots and examples here will be from Outpatient CART but the reports and how to run them are the same in both the outpatient and inpatient versions of the tool.

To run a report in CART, log in and click on Reports on the Menu.
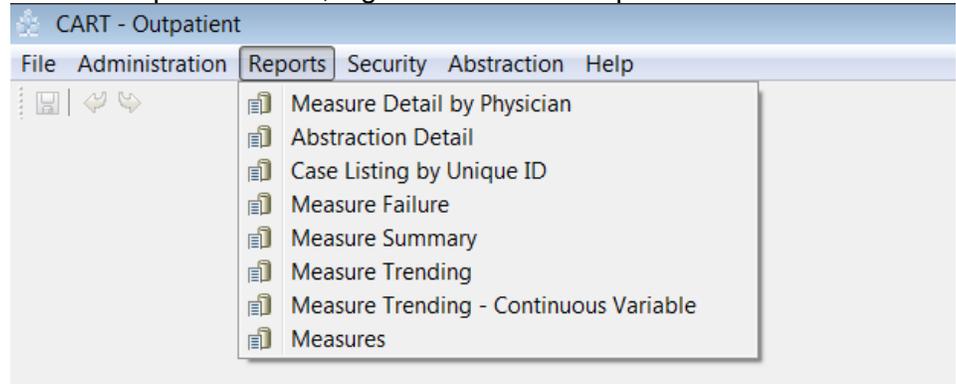
Select a specific report. We'll pick the Measures Report. This report provides an overall total number of complete abstractions a hospital has entered into CART for the selected measure set including a breakdown of the age, sex and measure rates. This report displays the numerator, denominator and percentage for each age category, sex category and each measure.

Select that report and a parameter window appears. The provider will be your hospital, in these examples it will be Stratis Health. I've selected the AMI measure set for the time frame of Q3 2016 (July – Sept). After you select the measure and time frame you want, click OK.
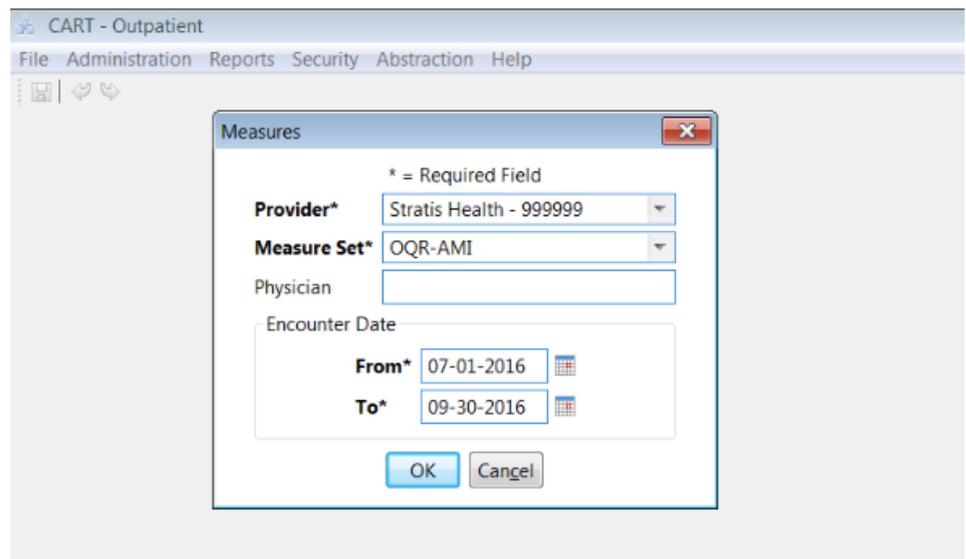
The Report Viewer window appears with the report result. The results below are from dummy data I've entered in CART.

If you want to know how many cases failed a particular measure set, run the Measure Failure Report. This report will display all completed cases in CART that failed a measure during the identified Encounter Date Range. We'll see if we had any AMI measure failures for Q3 2016. I'll select the Measure Failure Report from the Report drop down list and fill out the parameter window.

Click OK and the report will appear.

These reports also are available in CART:

- Abstraction Detail
- Case Listing by Unique ID
- Measure Detail by Physician
- Measure Summary
- Measure Trending
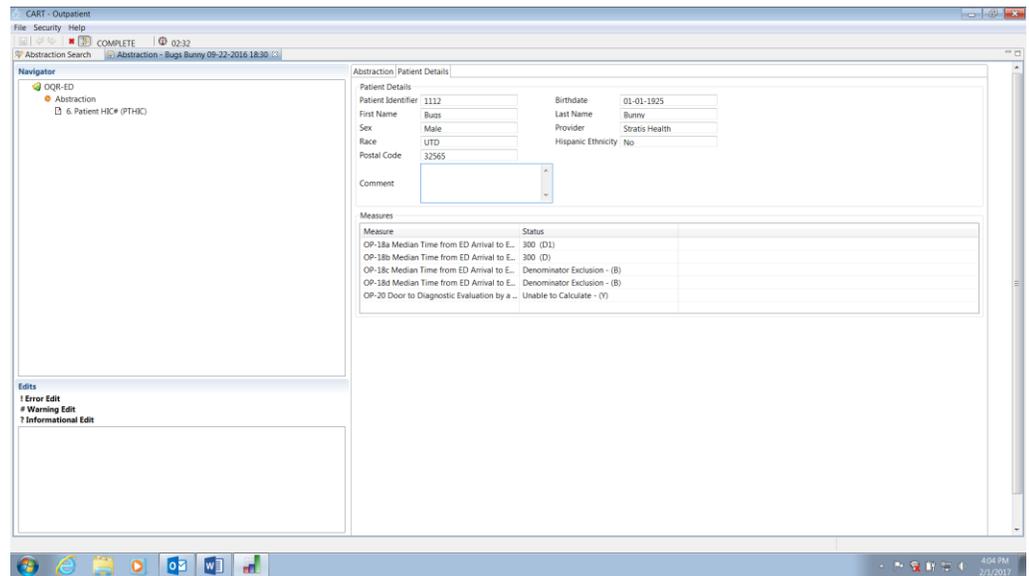- Measure Trending – Continuous Variable

For a detailed explanation of these reports, click on this link to the CART Outpatient Online Help Guide: https://www.qualitynet.org/WebHelp/CART_Outpatient_WebHelp/index.htm

CART Inpatient Online Help Guide: https://www.qualitynet.org/WebHelp/CART_Inpatient_WebHelp/index.htm

BONUS: Here's another feature in CART that you may find useful. If you ever want to know how the case you just entered did on the measures, after you've saved the case, while still in the abstraction screen, click on the Patient Details tab. The measures for that particular clinical topic will show in a window with that patient's results.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Reporting Guide
- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual

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

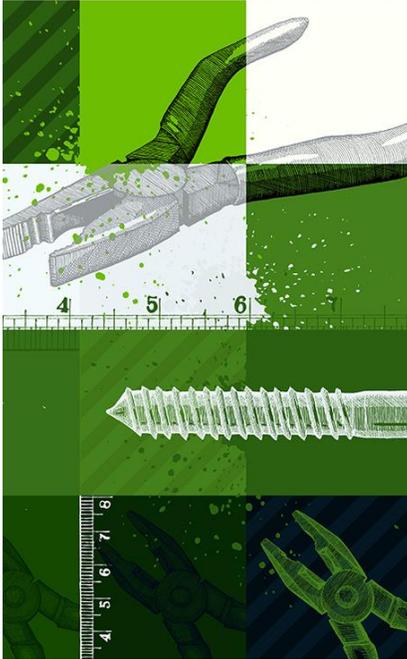# Tools

Tools and Resources

MBQIP CAH Quality Improvement Implementation Guide and Toolkit. This guide and toolkit offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement.

Internal Monitoring Tool. A simple Excel-based tool to assist CAHs with tracking and displaying real time data for MBQIP and other quality and patient safety measures to support internal improvement efforts. A video tutorial on how to use the tool is also available.

Healthcare Professional Flu Measure (OP-27) 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. OP-27 data is due on May 15, 2017 (aggregate based on Q4 2016/Q1 2017).

Leadership Rounding is a common strategy for improving quality, patient safety, and employee engagement. A couple of resources on implementation include (note a free log-in may be required to access these materials):

- **Patient Safety Leadership Walkrounds** from the Institute for Healthcare Improvement (IHI)
- **Rounding for Outcomes** from the Studer Group