MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

————

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.

St. Francis Memorial Hospital, NE

West Point, Nebraska, with a population of around 3,300 is a little over an hour northwest of Omaha. It is the county seat of cattle-feeding Cuming County, where it is said that there are easily more cattle than people. The local chamber of commerce logo reads "West Point – the Best Point", and by national critical access hospital measures, St. Francis Memorial Hospital proudly delivers on that assertion. Recently selected in the top 100 of all critical access hospitals and in the top quartile of all hospitals nationally, the hospital is highly successful across all MBQIP domains, and has been actively involved in the CMS Partnership for Patients Hospital Improvement and Innovation Network (HIIN) since its inception. Managed by Franciscan Sisters of Christian Charity Sponsored Ministries, the hospital works hard to meet its goals, including providing compassionate care for the poor, elderly, and those in need. Many employees are lifetime residents, married to local farmers and deeply invested in the community. Anne Timmerman, the hospital's quality assessment/performance Improvement and patient/resident safety coordinator, has a laboratory background, where a constant focus on quality control made for an easy transition to quality improvement. She tracks the hospital's quality data, and works with nursing leaders to follow up with staff or providers on every missed measure. Follow up might be as simple as an e-mail reminder, or a conversation to discuss barriers and ways to successfully eliminate them. With leadership support, Anne sets high goals, benchmarking against the 90th percentile on all applicable measures, and makes sure she communicates the "whys" of the measures to staff and providers. She stated that quality is not a one person job, and that there is good buy in from staff and other leaders in the hospital. Teams are formed to problem solve and overcome challenges. "These are not patients, they are family, friends, and neighbors," said Timmerman. "It is easy to want to give the highest quality care and that is the expectation. It's nothing special. It is what we do!"

DISCHARGE/ TRANSFER TO SWINGBED CHECKLIST   Patient Sticker

*All blue ** items must be completed before transfer to swingbed status*
*****Patient is not to leave until all of checklist is complete*****

Nursing to complete	Completed	NA
**Immunizations documented or updated		
**Diagnosis related/ appropriate DC education given		
**Utilization Management notified of discharge Kathy 4225, Patty 4242		
**Pharmacy notified of discharge Michelle or Megan 3230		
**Rehab Department aware of discharge Ext 3640		
Follow up appointments made		
Medication Reconciliation completed by provider		
Scripts called to pharmacy		
DC Signature form from Truven printed & signed		
Family notified of discharge		
HHC notified and provider form signed Ext 4700		
Home Medications returned to patient		
Valuables from safe returned to patient		
NH Order Sheet completed and signed by provider Send copy to NH/ AL. Original pink copy to stay on chart		
ID Screen completed for patients NEW to the NH		
Pharmacy, UM, & Rehab to complete		
New Medication education completed by Pharmacy		
**Utilization Management paperwork completed		
Physical Therapy orders placed		
Occupational Therapy orders placed		
Speech Therapy orders placed		

Please place completed checklist in Eileen's basket. Not a permanent part of the chart.

St. Francis' Discharge Checklist

Leaders at St. Francis leverage electronic health records to hardwire quality measures, prompting nurses to document they are giving the right care at the right time, and helping Anne quickly audit quality measures. The hospital's discharge checklist however, has proved to be more helpful in hardcopy form. This important quality improvement tool, essentially a real-time audit, is started for every patient and initialed by the interdisciplinary team as each item on the checklist is completed. Nurses remind each team member to complete the items on the checklist, and serve as the final gatekeeper, making sure everything on the discharge checklist is completed before a patient leaves. The discharge checklist was originally designed to improve consistency on influenza and pneumococcal vaccinations, and now drives success in several quality improvement topics. A copy of the discharge checklist is included. A team approach to teach back was implemented for patient education on medications, using patient whiteboards. A pharmacist provides initial education on new medications, and documents the medications covered on the whiteboard. Nurses then request that the patient "teach back" the medication when they visit the patient. The changes brought about by pharmacy and patient care staff resulted in increased HCAHPS performance in the areas of discharge information and communication about medications.

St. Francis PFAC members Jessie Eby, Gwen Lindberg, and Valeria Schlecht

The patient and family advisory council (PFAC) at St. Francis was convened in 2014 under the work of the HIIN, and is actively involved in HCAHPS, regularly reviewing performance and providing input into improvement planning. Patient and family focus groups were formed to review patient education materials, and suggestions were made related to streamlining, eliminating jargon, avoiding information overload, and facility signage.

In terms of AMI care, or OP 1-5, the Emergency Department staff at St. Francis nail it every time. Anne is not at all surprised at this level of consistency. "That measure has been around forever, so the nurses have it down. There's no excuse not to." The same response might be applied to influenza immunizations, emergency department transfer communications or any other quality topic this team decides to conquer. It's expected. Which is probably the attitude that makes West Point…the Best Point.
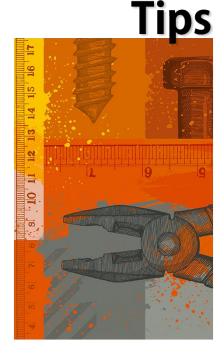
Data

CAHs Measure Up: Reviewing EDTC Data Elements to Improve Performance

While the seven Emergency Department Transfer Communication (EDTC) sub-measures and EDTC-All are all that are displayed on your MBQIP reports, there are in fact 27 data elements that together are used to calculate these measures. If you are using the Stratis Health Excel data collection tool (located near the middle of the linked webpage), you will see each data elements summarized on your report in addition to the measures. (If you are using another tool, you may see these summarized in another way). Reviewing your performance in each of these data elements is a great way to identify specific areas for improvement.

The example screenshot below (a segment taken from the bottom of an EDTC report produced by the Stratis Health Excel tool) shows a summary of the sub-measures EDTC-6. Look for the data elements within each sub-measure that have the lowest performance. In this example, the data element "Oral Restrictions" within EDTC-6 has a notably lower percentage than other data elements. This would be a pertinent data element to explore further – what might be driving that lower performance? Consider reviewing the Quality Improvement Toolkit for Emergency Department Transfer Communication Measures (located near the bottom of the linked webpage) for resources on identifying and addressing performance opportunities. Overall measure performance is affected by each data element that makes up a measure, so if you are able to increase the number of records that have documentation of meeting the "Oral Restrictions" data element, then this should also correspond to a higher percentage of records that meet EDTC-6.

EDTC - 6 Nurse Generated Information	Percentage of medical records that indicated the commur patient's	
	1. Nursing Notes	100.00% (n=8)
	2. Sensory Status (formerly Impairments)	75.00% (n=6)
	3. Catheters/IV	100.00% (n=8)
	4. Immobilizations	100.00% (n=8)
	5. Respiratory Support	100.00% (n=8)
	6. Oral Restrictions	12.50% (n=1)
	All EDTC-6 Data Elements	12.50% (n=1)

Review all 27 data elements that make up the EDTC measure and focus on improving your transfer communication documentation and processes for those data elements that have lower performance. Over time, in addition to improvement in each of the seven sub-measures, you should also see improvement in the EDTC-All measure.

Tips

Go to Guides

Hospital Quality Measure Guides

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

Robyn Quips - tips and frequently asked questions

EDTC Clarifications

An updated version of the Emergency Department Transfer Communication (EDTC) Data Specifications Manual is available. There are no measure or specific data element changes, just some clarifications to instructions that we hope will make abstraction easier.

There are some additions to which facilities should be considered as "Other health care facilities" and which facilities are considered "Home". This continues to be one of the frequent questions we receive about EDTC abstraction. You can't base your EDTC population on the discharge code used for billing. The EDTC discharge codes are set up the same as those in the CMS Hospital Outpatient Specifications Manual. If you have a patient seen in the ED and they are discharged to a nursing home, this is not a discharge code of home for abstraction reporting. This is a discharge to another health care facility and these patients should be included in the EDTC population.

There is an added note for abstraction in the Physician to Physician Communication data element that hopefully will help those CAHs that have agreements in place for transferring patients.

The History and Physical data element is now History and Physical/ED Provider Note. This data element was never intended to indicate the ED record had to specifically contain a titled History and Physical, it was more about content. Getting this data from an ED note done by your physician/APN/PA has always been acceptable, but now it's in the name of the data element.

There is also an updated EDTC Frequently Asked Questions. Please check that out – you never know when the answer to someone else's question might help you spot an error you've been making.

Visit the Emergency Department Transfer Communication web page for more resources.

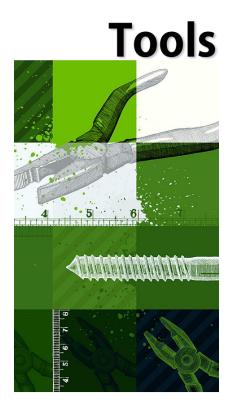### New Quarter Year - New Specifications Manuals

When you are starting abstraction for Q1 2017, be sure you are using the instructions in the correct CMS Inpatient and Outpatient Specifications Manual. The correct version for the Outpatient Manual is **10.0a** and version **5.2a** for Inpatients. To find out what has changed from the last version of the manual, read through the Release Notes. They contain a detailed listing of all the changes that were made in each section of the manual. Since manuals get released months before the dates they are to be used, CMS may decide on other changes or updates after the initial release, so there often can be more than one set of Release Notes. Make sure you read all the Release Notes that have been published since the prior version of the manual you have been using.

Tools

Tools and Resources

Ask Robyn – Quarterly Open Office Hour Calls for Data Abstractors
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. 2017 Dates:
- June 28   2:00-3:00 p.m. CT   Register here
- September 20   2:00-3:00 p.m. CT   Register here

For more information about the Ask Robyn calls, contact Robyn Carlson (rcarlson@stratishealth.org)

Also Available! Online MBQIP Data Abstraction Training Series
This recorded training series is for CAH staff with responsibility for data collection of CMS Inpatient and Outpatient quality measures.

Due July 31 - Emergency Department Transfer Communication (EDTC) Measure: These tools can help!

Data Specifications Manual - EDTC (updated June 2017). Detailed data specifications for collection of the EDTC measure

Data Collection FAQ: Frequently Asked Questions related to data collection for the EDTC Measure

EDTC Online Recorded Training. Two recorded training resources 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)

Patient and Family Advisory Councils - Working with patients and families as advisors at the organizational level is a critical part of patient and family engagement and patient and family centered approaches to improving quality and safety. A wide variety of resources on this topic are available, a few that may be helpful are listed below:

- Agency for Healthcare Research and Quality (AHRQ) Working With Patient and Families as Advisors Implementation Handbook
- American Hospital Association Partnering to Improve Quality and Safety: A Framework for Working with Patient and Family Advisors
- Institute for Patient and Family Centered Care (IPFCC) Partnering with Patients and Families to Enhance Safety and Quality: A Mini Toolkit