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.

Carroll County Memorial Hospital, MO

Carroll County Memorial Hospital (CCMH) is a 25-bed critical access hospital in Carrollton, Missouri. With more than 240 employees, the hospital serves as the largest employer in the county and has a combined acute/observation/swing bed daily census of 6.39.

When asked what overall attributes contribute to the hospitals performance, the director of quality noted the important role of the nine clinicians that work in the hospital and also see patients at the attached rural health and two satellite clinic locations. The ability to staff the emergency department (ED) and inpatient units with these clinicians makes for smooth care transitions for patients and consistent quality processes. The clinicians are engaged in hospital committees and serve as physician champions. The use of the same electronic health record (EHR) across the hospital and clinics also helps to smooth workflows and communication between care settings.

The positive impact of this consistency is visible in the hospital's ED, where more than 300 patients are seen on average each month. While this volume of patient flow is substantial, it is less than it could be, considering the attached clinic offers extended hours from before 8:00 a.m. to 7:00 p.m. twice a week, and a Saturday clinic to help meet community needs. A full-time nurse practitioner staffs the ED Monday through Friday and is able to see patients at the bedside straight away. Nights and weekends are covered by an on-call schedule, with clinicians notified within five to ten minutes of patient arrival and typically seeing patients very shortly thereafter. For patients that are transferred out of the facility, a transfer report in the EHR collects all necessary data for the Emergency Department Transfer Communication (EDTC) measure, and also links to required data for the EHR incentive program. All of the clinicians working in the ED have admitting privileges, contributing to shorter admit decision and departure times for those patients moving to the inpatient unit.

Quick turn-around times for diagnostic tests also help ED flow. CCMH is stroke certified and working towards STEMI certification. For AMI and chest pain patients, standing orders allow nurses to start protocol, immediately engaging respiratory therapists who are responsible for getting EKGs. Routine chart reviews evaluate times for all diagnostic and imaging tests, and rapid cycle improvements are utilized when an opportunity is identified.

Another quality area where collaboration between the hospital and clinic is useful, is with patient immunizations. Sharing an EHR across settings helps to ensure that hospital nurses have more information about the patient to inform the need for an influenza vaccination. The protocol for delivering the immunization is nurse driven, and patient vaccination status is reviewed during every morning huddle. Building on their strong performance with patient flu vaccination rates, CCMH recently enacted a policy requiring all employees to get the flu vaccine unless they have proof of a medical or religious contraindication. An immunization station is set up at the annual skills fair each fall, providing a convenient opportunity for all employees to get their shot. Employees who don't get the vaccine are required to wear a mask.

Deborah Smith RN, Director of Emergency Services, Cindy Gilman RN, Director of Quality, Tammy Crawford LPN, Director of Employee Education and Infection Control

CCMH works closely with the Missouri Hospital Association, which serves as the Hospital Improvement and Innovation Network (HIIN) on both infection prevention and antibiotic stewardship. As a recent member of the Zero Heroes Club, CCMH was recognized for being among participating hospitals with the most zero harm measures reported, including healthcare-associated infections. The hospital has been making strides in implementing an antibiotic stewardship program, including hiring of a second pharmacist, which allows for greater levels of consulting for physicians when selecting an antibiotic, consistent pharmacy review of orders, and involvement of pharmacy in morning huddles and patient rounding prior to discharge. Pharmacists also complete follow-up calls with appropriate patients, as do case managers and ED staff, helping to ensure smooth care transitions, including medication therapy, after the patient leaves the facility.

Antibiotic Stewardship Program Committee Members, from left: Eric Witt RPh, Director of Pharmacy, Dr. Tim Reid MD, Tammy Crawford LPN, Director of Employee Education and Infection Control, Barbara Smith RN, ED nurse, Maggie McAllister RN, Director of Surgical Services, Cindy Gilman RN, Director of Quality, Blake Riley, PharmD.

CCMH's morning huddles and rounding processes highlight their interdisciplinary approach to managing patients. In addition to nursing staff and pharmacy, morning huddles regularly include case managers, infection control, the directors of quality and acute care, dieticians, respiratory and physical therapists, and environmental services staff. As appropriate, the same staff are involved in rounding on patients. In a concerted effort to increase HCAHPS response rates, the Director of Quality is now rounding on patients set to be discharged, letting them know about the survey and encouraging them to complete it, noting that the hospital uses the information to continuously improve their services.

At CCMH, quality measure data is shared with employees at town hall meetings, via email, and the employee intranet. Quality Impact Teams are established as needed to drive improvement in particular focus areas. Connection and coordination between staff, and willingness to innovate and test new improvement strategies serves this critical access hospital and its community well.

CAHs Measure Up: Emergency Department Transfer Communication Measures

The Emergency Department Transfer Communication (EDTC) measure has been a required MBQIP measure since 2015. With three years' worth of data now available from CAHs participating in the MBQIP program, it's a great time to step back and celebrate successes achieved by hospitals nationwide in improving care transitions for patients transferred from emergency departments.

Nationally, CAHs have taken great strides in both reporting and performance. In Q1 2015, when the EDTC measure was first included in MBQIP, roughly 500 hospitals were reporting the measure. As of Q4 2017, the most recent timeframe of data available, this number had increased to nearly 1,190 hospitals. Performance has steadily and consistently improved over time, as well. The table below shows national performance data from the start of EDTC's inclusion in MBQIP to the most recently completed quarter, with a few additional timeframes included in between for reference.

Timeframe	EDTC-1 Percent	EDTC-2 Percent	EDTC-3 Percent	EDTC-4 Percent	EDTC-5 Percent	EDTC-6 Percent	EDTC-7 Percent	EDTC-All Percent
Q1 2015	84.5%	86.8%	87.6%	86.1%	84.1%	77.0%	90.2%	51.8%
Q4 2015	87.7%	90.2%	89.7%	88.4%	87.1%	81.9%	92.2%	65.6%
Q4 2016	93.9%	94.3%	94.7%	91.9%	92.6%	88.0%	95.4%	75.0%
Q4 2017	96.2%	95.6%	95.2%	93.5%	94.6%	90.1%	96.8%	81.0%

State-by-state, CAH performance varies a bit more – although is still consistently improving across the board! The map below shows Q4 2017 performance, by state, for the EDTC-All measure. How does your state measure up? How does your hospital's performance compare to your state's, or to the nation's?
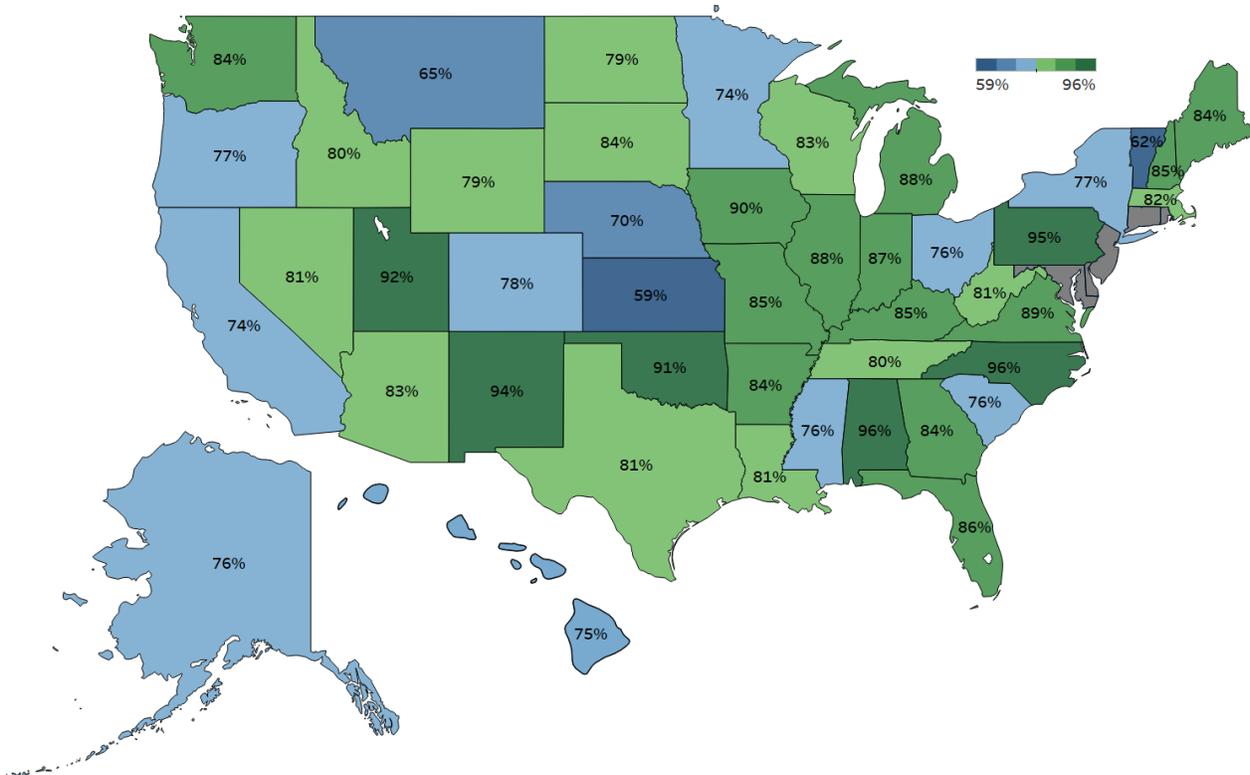
Tips

Robyn Quips - tips and frequently asked questions

NHSN Annual Facility Survey
This month, I'll try to clear up some confusion around the NHSN Annual Facility Survey.

The survey does not have to be completed by March 1, 2018. It can be completed at any time, but the *recommendation* is for completion by March 1. This isn't like a data deadline for other measures, where you can't enter once the date has passed. However, hitting the recommended date is important for those hospitals that submit HAI data to NHSN, because March 1 is when the CDC starts using the most recently completed survey data to calculate hospital infection rates and statistics. Reports that use elements taken from the annual survey also will reference the latest survey. If the CDC has to use old survey responses when calculating HAI measures for the new time period, your data may not be accurate.

If your CAH has been submitting HAI data, this probably isn't news to you, and you completed your survey by this date in order to be able to submit your monthly reporting plans and continue entering data.

If you are a CAH that has only entered healthcare personnel influenza vaccination data, you may only have access to the Healthcare Personnel Safety Component in NHSN. The Annual Survey that MBQIP added to the core measures is not found in that component, it is in the NHSN Patient Safety Component. The component can be added by your NHSN Facility Administrator.

The CDC has developed instructions on how to add the Patient Safety Component, how to add the Annual Survey, and how to Find/Edit the Survey. When these are available we will provide the link to the instructions on the NHSN website. We recommend completing the survey before May 1, 2018, as this will be when the CDC sends data to FORHP for MBQIP reporting.

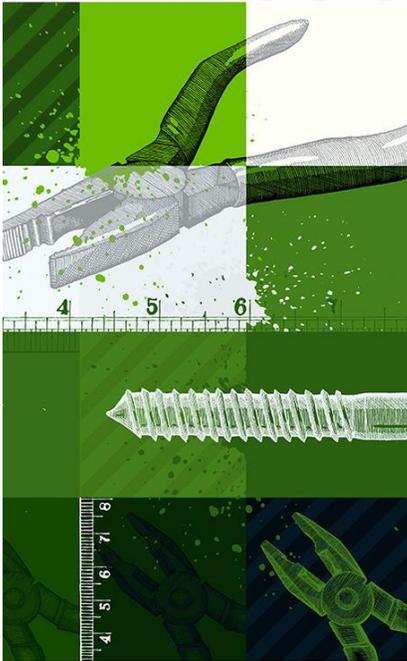**Abstraction for Accuracy Consultation – Sign-up Ends March 30**
The last day to sign up to participate in the Abstraction for Accuracy project is March 30, and copies of medical records need to be submitted by the end of April. If you are new to abstraction, hopefully you've viewed the MBQIP Data Abstraction Training video series. Abstraction for Accuracy is a great next step to make sure you are abstracting correctly.

If you've been abstracting for some time, how did you learn? Maybe you got a bit of training from the person doing the job before you, or were just given the Specifications Manuals and learned as you went. Here is your chance to see if you are interpreting the Specification Manual instructions correctly. I'll check your abstraction and discuss the results with you. This is a one-on-one educational opportunity only. It's all about you being the best abstractor you can be so your hospitals measures results are accurate.

More information about the process guidelines and how to request a consultation can be found here.

Please note that filling out the participation form is the request to participate and you will be contacted by me. If you aren't interested after reading the guidelines, you don't need to fill out the form.

Go to Guides

Hospital Quality Measure Guides

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

Tools

Tools and Resources

Abstracting for Accuracy Consultation - Sign-up Ends March 30
This project offers critical access hospitals (CAHs) an opportunity to participate in an abstracting review process to help increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

Ask Robyn – Quarterly Open Office Hour Calls for Data Abstractors
April 10, 2018, 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.

Updated! HCAHPS Overview: Vendor Directory
This guide, from the National Rural Health Resource Center, updated February 2018, provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) including vendors, to guide small rural hospital and CAH vendor selection of this important, patient-centered survey process.

Updated! Interpreting MBQIP Hospital Data Reports for Quality Improvement
Intended to help CAH staff use MBQIP Hospital Data Reports to support quality improvement efforts and improve patient care. Updated to reflect recent changes to the MBQIP data reports.

Free online CDC Training on Antibiotic Stewardship
CDC's Office of Antibiotic Stewardship has launched the first of a four-section web-based training course on Antibiotic Stewardship, each section of which will be released in 2018. To register and take the course online, create an account at http://bit.ly/2BsVc0z.

Course objectives include:
- optimizing antibiotic prescribing and use to protect patients and combat the threat of antibiotic resistance,
- informing healthcare professionals about proper antibiotic use, and
- encouraging open discussion among doctors and patients.

While this particular course is primarily for clinicians who prescribe antibiotics, CDC recognizes that everyone plays an important role in antibiotic use. **Doctors, nurse practitioners, physician assistants, certified health education specialists, nurses, pharmacists, and public health practitioners with a master's degree in public health** are eligible to receive up to eight hours of free CE for the entire course.