MBQIP Monthly

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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.

First Care Health Center, ND

First Care Health Center (FCHC) is a rural health clinic and 14-bed critical access hospital that serves the community of Park River, North Dakota and the surrounding area. FCHC has an average daily census of 6-7 and a monthly emergency department count of 100 patients. With a variety of surgical and outpatient services, FCHC employs more than 100 professionals, including two physicians and a physician assistant who care for patients across inpatient and emergency department services.

When FCHC was being built in the 1950s, the community was fully engaged in the process, with area residents contributing their skills to the construction of the facility. Pride for the hospital has continued, as evidenced by the overwhelming community support to renovate and add on to the current structure in 2008 rather than building new. The team at FCHC recently has begun leveraging that community support in a new way through the development of an active Patient and Family Advisory Council (PFAC). The group has met monthly for a year now, routinely reviewing patient experience (HCAHPS) scores and providing suggestions for improvement efforts on topics such as addressing noise and signage in the facility.

A few months before the launch of the PFAC, a group of nurses accepted the opportunity to convene a committee focused on implementing new strategies and approaches to improve patient satisfaction and quality. Known as the Pat-Sat-Com (Patient Satisfaction Committee), the initial motivation for convening this group of nursing staff was a desire to implement bedside reporting. While the idea for the practice change came from outside the group, the workflows and related tools were developed by the team, creating important buy-in and ownership among key members of the frontline staff. This helps ensure that, for example, the newly developed whiteboards and room orientation guides are utilized consistently, the computer screens and keyboards are disinfected at least once during every shift, and that patients are regularly involved in setting goals and understanding their care plan for the day.

Standing next to a Patient Info Board are members from FCHC's Patient Satisfaction Committee. From left: Lyndsey Harrington, LPN, Lindsey Gillespie, RN, and Abby Rost, RN.

The results of these efforts can be seen in the high levels of patient engagement through FCHC's HCAHPS scores.

FCHC has seen the benefits of engaging frontline staff, patients, and families; they also understand that hands-on leadership is essential. Leadership serves as role models for the culture of pride and continuous improvement at the facility. Director of Nursing, Lori Siem, has a long history at FCHC and was admittedly tentative about the PFAC; it would have been easy for her to maintain the existing practices. However, Siem was receptive to the input of her team and is thankful now that she remained open to the idea of enhanced frontline and patient engagement. In Siem's words, "Quality isn't something that can be implemented only by the leaders; it has to be believed in by those that are working hands-on to reach the goals we are aiming to accomplish. Buy-in of the team is essential."

In conjunction with engagement, the team at FCHC highlights the importance of communication in driving quality outcomes. The impact of communication can be seen in examples including smart phrase transfer notes in the electronic health record to ensure all aspects of the EDTC measure are captured, education on emergency processes like what the goals are in the first ten minutes after a patient arrives with STEMI, and staffing essential roles such as the patient care coordinator who serves as the consistent contact for patients or the pharmacist who oversees med reconciliation and reviews antibiotic orders.

FCHC room guide in an infection-prevention-friendly flip binder.

The quality performance at FCMC demonstrates that while there is a time and a place for adopting specific frameworks or employing particular methodologies for quality improvement, sometimes a simple approach is the way to go. Engagement and communication, combined with a passion for serving the community, are the straightforward and highly effective driving forces behind FCHC's success.

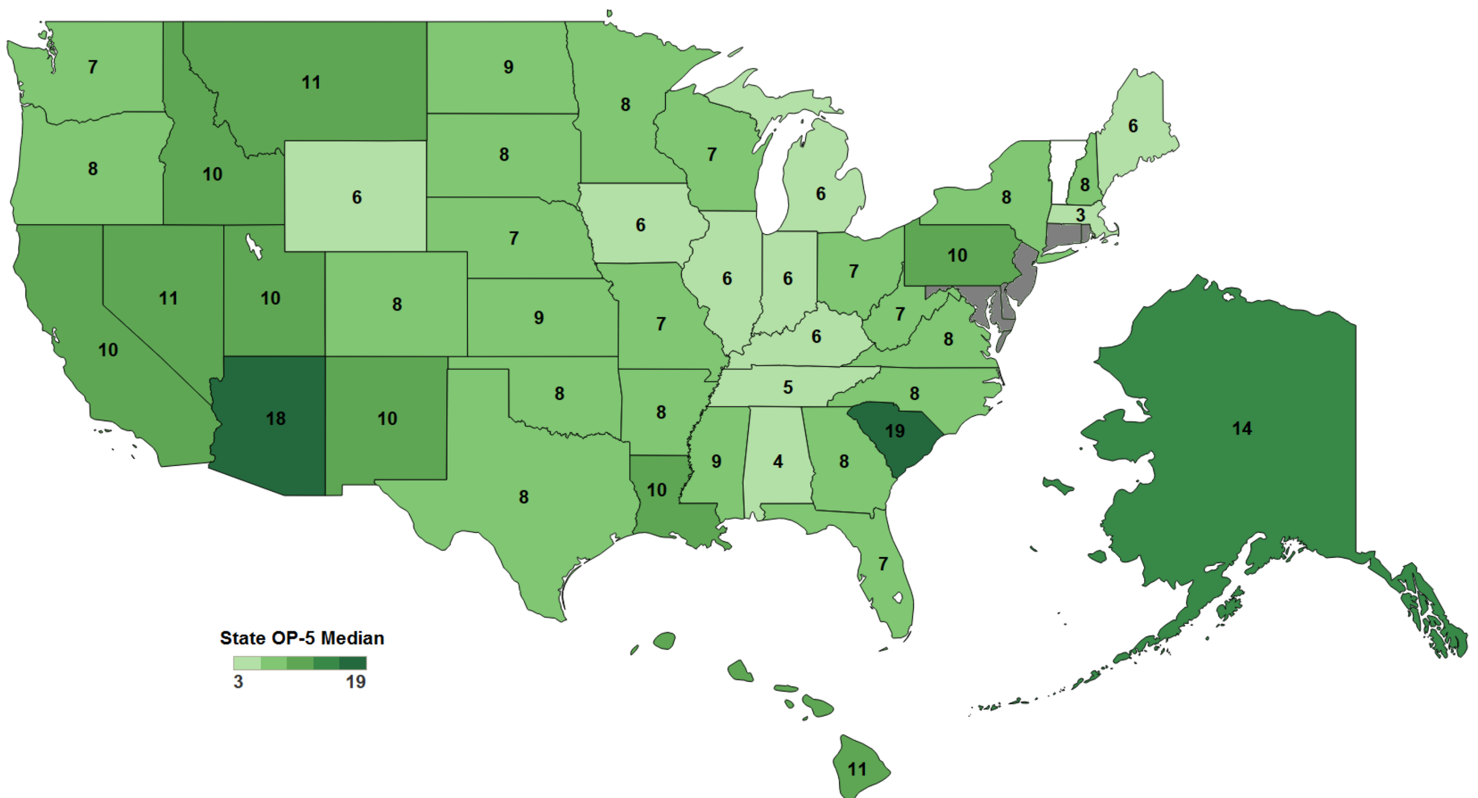
Data

CAHs Measure Up: National OP-5 Performance (Q3 2017)

The Outpatient measure OP-5 measures the median number of minutes before outpatients with chest pain, or a possible heart attack received an ECG. Nationally, performance on this measure is relatively similar when comparing CAHs to all hospitals. Overall CAH performance for those participating in MBQIP has remained consistently at about 8 minutes to ECG, while the most recent Hospital Compare data (Q3 2016 – Q2 2017) shows an overall national time to ECG of about seven minutes.

CAHs frequently have a small number of cases that fall into this measure, which can mean that a hospital's median time more easily fluctuates from quarter to quarter. If it takes longer for just a single patient to receive an ECG, this will affect a CAH's OP-5 performance if there are only a few cases in the measure. Even with that caveat, however, state and hospital performance among CAHs still varies quite a bit. Among the 929 CAHs that had at least one case for Q3 2017 encounters, 41 CAHs had a median time to ECG of 30 minutes or more, and 142 CAHs had a median time to ECG of 15 minutes or more. Clinical guidelines recommend the first ECG within 10 minutes.

State-level overall OP-5 performance (minutes) for CAHs participating in MBQIP is shown on the map below. How does your hospital compare to your state, and to other states around you? Check your Q3 2017 MBQIP Patient Safety and Inpatient/Outpatient report, which you likely received in April. Hoping to improve next quarter? Consider looking at the Quality Improvement Measure Summaries for MBQIP resource within the [Quality Improvement Implementation Guide and Toolkit for CAHs] for some ideas.



Tips

Robyn Quips - tips and frequently asked questions

Outpatient Population

As you start the next quarter's data abstraction, here is a reminder about the outpatient population. Patients who are seen in your ED and directly admitted to the hospital as an acute care inpatient are not to be included in the outpatient measures population. Only patients seen in your ED and discharged or transferred elsewhere make up the outpatient population.

In abstraction, for patients who are seen in your hospitals ED and directly admitted to inpatient, the ED visit becomes part of the inpatient stay — the ED encounter is not considered a standalone visit. If you were abstracting that way, the patient's ED encounter has the potential to be abstracted for both the outpatient measures and inpatient ED measures, and that is not correct. This may not be the way your hospital bills these visits or how your record is maintained, but for abstraction, an ED visit leading to a direct admission to acute care inpatient is considered part of the inpatient stay.

Reviewing the two measures concerning time spent in the ED should help clarify where those patients belong. OP-18 is Median Time from ED Arrival to ED Departure for **Discharged** ED Patients. ED -1 is Median Time from ED Arrival to ED Departure for **Admitted** ED Patients.

This applies to all the outpatient measures, not just OP-18 & 20. Patients that are ***admitted rather than discharged*** should not fall within the outpatient measure set.

HCAHPS Pain Management Reporting

If you are wondering why your latest HCAHPS report is showing an N/A for pain management, this is why.

Composite 4 is no longer calculated or reported for ***any*** hospitals (see the announcement below, taken from HCAHPS Online). The MBQIP reports you just received (based on discharges through Q3 2017) are based on the same data/source and timeframe as the July 2018 Public Report described below.

> **Beginning With the July 2018 Public Report, CMS Will No Longer Report the HCAHPS Pain Management Composite Measure (05/04/2018)**
>
> The survey questions comprising Pain Management Composite 4 were removed from the HCAHPS Survey in the FY 2018 IPPS/LTCH PPS Final Rule (81 FR 38342). Composite 4 is no longer needed and will no longer be reported on Hospital Compare. July 2018 Preview Reports and public reporting will display "N/A" and Footnote 5 for the Pain Management measure and will display "N/A" and Footnote 15 for the Pain Management star rating. In addition, Pain Management is no longer included in the calculation of the HCAHPS Summary Star Rating or the Hospital Compare Overall Hospital Quality Star Rating.

CMS ***has*** released new Pain Management survey questions, which were required on all HCAHPS surveys starting with patient discharges 1/1/2018. After the survey there will be a new "Communication About Pain" composite measure. We probably won't see it on any reports until after Q4 2018 HCAHPS submissions are due, however – it would likely appear for the first time in mid-late 2019 – in order to have a full calendar years' worth of data to report.

Go to Guides

Hospital Quality Measure Guides

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

Tools and Resources

Stroke Care Quality Improvement Initiatives in CAHs
This policy brief from the Flex Monitoring Team describes successful evidence-based programs that have been implemented to improve stroke care in CAHs and other rural hospitals.

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).

Advancing the Practice of Patient-and-Family-Centered Care in Hospitals: How to Get Started
From the **Institute for Patient- and Family-Centered Care (IPFCC), this guide helps hospital leaders answer questions such as:** What is patient- and family-centered care? Why does it matter? How does it fit with our hospital's overall mission? And finally, what can our hospital do to advance the practice of patient- and family-centered care? Where do we start?

2018 NHSN Patient Safety Component Training Videos
Recorded presentations include discussion of general changes for 2018 NHSN reporting, introductory and advanced NHSN analysis, and how to identify and report Ventilator-associated Events, Catheter-associated Urinary Tract Infections (CAUTI), Central Line-associated Blood Stream Infections (CLABSI), Surgical Site Infections (SSI), and MRSA Bacteremia and C. difficile LabID events.

National Quality Forum (NQF) Rural Measures Application Partnership (MAP) Workgroup: Draft Report – Comments due July 2, 2018
NQF has convened a multi-stakeholder group to identify appropriate quality measures and measurement gaps relevant to vulnerable individuals in rural areas, and provide recommendations regarding the alignment and coordination efforts of quality measurement for rural hospitals and providers. This draft report includes a proposed core set of rural-relevant measures, as well as a focus on measurement related to access to care from a rural perspective. CAHs are encouraged to review the report and to provide comments and feedback on the proposed measure set and other content.

UPDATED: National Quality Reporting Crosswalk
This crosswalk is intended to provide users with a basic understanding of quality reporting initiatives taking place on a national level involving critical access hospitals (CAHs), including: the lead organization and purpose of such initiatives, the measures used by each initiative and any overlap in measures across initiatives.

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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