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.

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Find past issues of this newsletter and links to other MBQIP resources on TASC's MBQIP Monthly webpage.

Rural Success: Fairview Hospital, MA

Fairview Hospital in Great Barrington, Massachusetts provides a full range of general acute care services to patients from the surrounding area, including maternity care and many surgical services. Located in the southwest corner of the state, near the borders with New York and Connecticut, the service area for Fairview Hospital is quite rural but also fluctuates with the seasons. There are a significant number of part-time residents with second homes in the area, many of whom utilize Fairview for services, including opting to have surgeries done there rather than at a facility near their primary residence. The support from these individuals in the form of services provided, coupled with their philanthropic contributions to this critical access hospital (CAH) help to sustain Fairview Hospital's ongoing positive financial performance.

Results of the employee survey demonstrate that the staff at Fairview are highly engaged, a trait the quality team attributes to the facility's high performance. Doreen Hutchinson, Chief Nursing Officer and Vice-President of Operations recognizes that "people want to exceed the expectations of our patients and take real ownership in organizational achievement." It is leadership's role to build on that desire and make it possible. Frontline staff at Fairview have access to data in numerous ways: an employee portal where they can each see data on various measures, quality staff periodically attending staff meetings to review data, regular data updates for project teams, and quarterly employee forums (held to cover all shifts) always include at least one quality agenda item. Beyond sharing the data, Hutchinson points to the importance of explaining the why behind quality measures and related processes, recognizing that when staff has a multitude of tasks to complete in a day, if they don't understand the why behind a particular activity, it's more likely not to happen.

Fairview's emergency department sees approximately 12,000 patients a year. They have adopted a team triage process in the ED, through which the physician and nurse team assess the patient together as soon as they are roomed. Some years ago they noticed their admit decision time to ED departure measure was creeping higher than they would have liked. To address this, Fairview formed a team that included ED and nursing staff
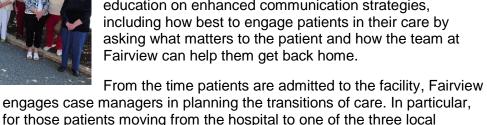
Fairview Hospital, Great Barrington, MA

leadership, hospitalist service, staff nurses from the ED and the floor, and quality department representation. They reframed the issue, frequently referred to as ED throughput, and opted instead to call it hospital throughput, emphasizing where the patient is going rather than where they are originating. Getting the right group together and clarifying the objective helped to get buy-in from the hospital staff. The team walked step by step through every barrier of getting patients from ED registration through to the hospital bed and addressed each issue along the way. The multi-disciplinary approach ensured champions were able to sustain improvement.

An efficient emergency department likely is one of the factors contributing to the hospital's high level of patient engagement and satisfaction. Fairview has also focused efforts on addressing other patient engagement topics such as those assessed via the HCAHPS survey. For example, to address the issue of noise, Fairview identified some environmental fixes, such as replacing wheels on carts and offering to close patient doors, as well as more technical adaptions, such as implementing hands-free communication, which has reduced the use of phones and overhead pages. The hospitalist team received education on enhanced communication strategies, including how best to engage patients in their care by asking what matters to the patient and how the team at Fairview can help them get back home.

Fairview Hospital Community Volunteers

From the time patients are admitted to the facility, Fairview engages case managers in planning the transitions of care. In particular, for those patients moving from the hospital to one of the three local nursing homes, Fairview invites the nursing staff from the long-term care facility to participate in that transition plan, including reviewing the care required for the patient at the next phase of care.

Fairview has implemented all seven of the CDC core elements of antibiotic stewardship. Pharmacists participate in multi-disciplinary rounds every day and assist with medication reconciliation. If the patient's nurse identifies a need, pharmacy is available to provide additional individualized education. Fairview has leveraged their health system relationship by utilizing the antibiogram developed through the larger tertiary center. The patient education committee has created pamphlets regarding appropriate antibiotic use, including how and when to take them, and when they are not indicated or are inappropriate.

Fairview Hospital Pharmacy Team

As with many CAHs, the team at Fairview Hospital have a passion for caring for the local community. There is a real sense of shared ownership of the care delivered, which is supported by a culture of transparency modeled by leadership, carried through to frontline staff, and reflected in consistent high performance.
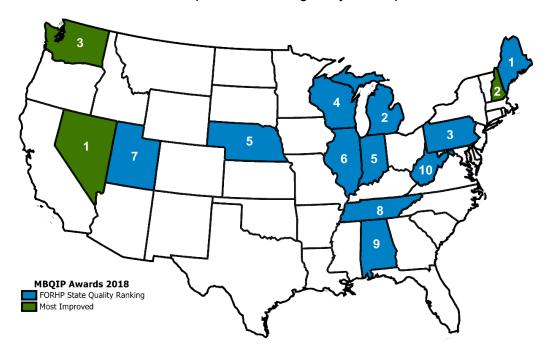
CAHs Measure Up: 2018 MBQIP Awards

At the 2018 annual gathering of Flex programs, awards were announced for the top 10 states with outstanding quality performance among their critical access hospitals (the FORHP State Quality Ranking), as well as for the states with demonstrated improvement among their critical access hospitals in reporting, performance, and overall (Most Improved). The 11 states awarded the FORHP State Quality Rankings (Indiana and Nebraska tied for fifth place) were designated by compiling rankings of reporting and performance in patient safety/inpatient, outpatient, and HCAHPS measures for Q1 – Q4 2016, and in EDTC for Q1 – Q4 2017. The Most Improved states were designated by comparing reporting and performance rankings from this year to the previous year's rankings. A map illustrating this year's awardee states is below.

MBQIP reports provide averages and 90th percentiles for your state and the nation to use for benchmarking, and Interpreting MBQIP Hospital Data Reports for Quality Improvement discusses ways you might approach this. You also might consider using the performance of the FORHP State Quality Ranking top 10 states as a target for your hospital to meet or exceed! The table of selected measures below shows the best overall state average and the best statewide 90th percentile among this year's top 10.

MBQIP Awards 2018
- FORHP State Quality Ranking
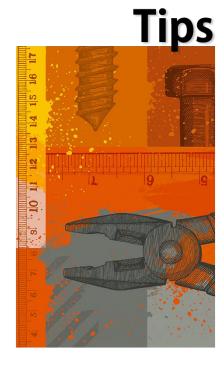- Most Improved

EDTC-All is the composite Emergency Department Transfer Communication measure. Data shown is from Q1 2018.

OP-18b is the median time from Emergency Department arrival to contacted departure for discharged ED patients. Data shown is from Q4 2017.

HCAHPS Question 21 is a measure of Overall Hospital Rating. A rating of a 9 or 10 is the top box score, or the highest score. Data shown is from Q4 2016 – Q3 2017.

IMM-2 is influenza immunization among patients. Data shown is from Q4 2017.

MBQIP Measure	Best Overall State Average	Best Statewide 90th Percentile
EDTC-All	97% (AL)	100% (all but NV and WI)
OP-18b	93 minutes (NE)	64 minutes (WV)
HCAHPS Question 21	83% rating of 9 or 10 (AL)	93% rating of 9 or 10 (NE)
IMM-2	95% (IN)	100% (IN, PA, WV, IL, WI, TN)

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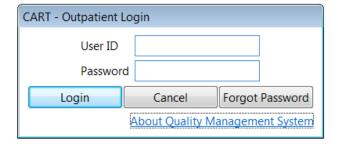
Tips

Robyn Quips - tips and frequently asked questions

Q2 2018 Outpatient Measure Abstraction and Submission

Starting with Q2 2018 reporting the hospitals will no longer need to submit the following Outpatient Measures:
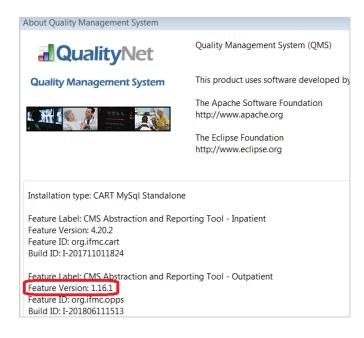
- OP-1 Median Time to Fibrinolysis
- OP-4 Aspirin at Arrival
- OP-20 Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-21 Median Time to Pain Management for Long Bone Fracture

The above measures, except for OP-21 are part of a measure set, so you will still need to be pulling and submitting data on cases in the AMI, Chest Pain and Outpatient ED (Throughput) populations. The difference is that you won't be answering data element questions that pertained to only those removed measures.
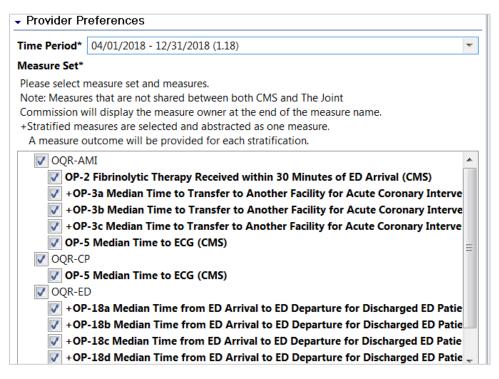
If you are using the CART tool, you must make sure to install version 1.16.1 before you start entering Q2 2018 data into CART. Check to see which version you have installed by clicking on About Quality Management at the login screen.

Make sure the version is 1.16.1 as shown in the screenshot below.

Stratis Health www.stratishealth.org

You must make sure that the Provider Preference screen in CART has the dropdown option for the encounter dates 04/01/2018 – 12/31/2018. The measures that were removed starting in Q2 are no longer options in this time frame so those data element questions won't be in CART for you to answer. Your preferences should look like the screenshot below.
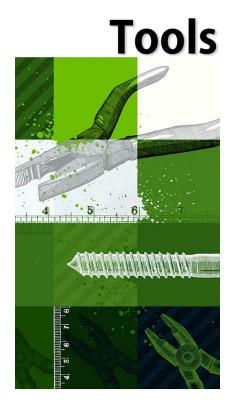

The prior version of CART, 1.16 has a Provider Preference time frame option of 01/01/2018 – 12/31/2018 but don't use that version because it includes the measures that were removed. If you submit data from CART to the QualityNet warehouse for Q2 that includes those removed measures, the data will be rejected.

If you submitted Q2 2018 data to the QualityNet warehouse before updating to this current version of CART, you would need to check and make sure your data hasn't been rejected. Even if you checked this when you submitted and all your cases were accepted, check again because those measures have been removed from the warehouse and your data may now be rejected.

This document provides a step-by-step guide to confirm QualityNet has accepted your data.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide

- Emergency Department Transfer Communications

- Inpatient Specifications Manual

- Outpatient Specifications Manual

Tools

Tools and Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
October 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)

Online MBQIP Data Abstraction Training Series
This recorded training series is for critical access hospital (CAH) staff with responsibility for data collection of Centers for Medicare and Medicaid Services (CMS) Inpatient and Outpatient quality measures. Pick individual topics that you have questions about or listen to the full series for a comprehensive overview of the process to identify each measure population and abstract the required data elements.

Free Resources Available to Help Hospitals Improve the Discharge Planning Process and Reduce Avoidable Readmissions
Reducing avoidable readmissions is a goal shared by all hospitals. The following resources are available free of charge to help improve the discharge planning process:

- The Re-Engineered Discharge (RED) Toolkit outlines 12 steps that hospitals across the country have used to successfully reduce unnecessary readmissions. This resource from the Agency for Healthcare Research and Quality (AHRQ) includes how-to guidance, making it easy for any facility to apply this research-based method.
- Taking Care of Myself: A Guide for When I Leave the Hospital (Cómo cuidarme: Guía para cuando salga del hospital) can be used by nurses and discharge planners to help patients care for themselves after their hospital stay. This free booklet (publication # AHRQ 10-0059) can be offered to patients and comes in a bilingual flipbook format (English/Spanish). Hospitals may order up to 500 copies of the guide at no charge. Please contact the AHRQ Clearinghouse at 1-800-358-9295 or email AHRQPubs@ahrq.hhs.gov and reference CODE 44 to receive free shipping. This is a limited-time offer while supplies last.

IHI Quality Improvement QI Essentials Toolkit
This Institute for Healthcare Improvement resource includes ten tools and templates needed to launch, manage, and measure successful quality improvement (QI) projects. Each of the tools and templates can be used with the Model for Improvement, Lean, or Six Sigma. Tools include a Cause and Effect Diagram, Failure Modes and Effects Analysis, Run and Control Charts, and PDSA Worksheets.