

Medicare Beneficiary Quality Improvement Project



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

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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.

Rural Success: Titusville Area Hospital, PA

Titusville, PA is located in the northwest corner of the state, just 60 miles south of Lake Erie. Home of the first oil well in the United States and John William Heisman of football fame, it is also the location of [Titusville Area Hospital](#), a high-volume critical access hospital serving 30,000 people across a four-county region. Physicians from the three affiliated rural health clinics see the admitted and swing bed patients, while contract physicians cover the emergency department.

In her three years as Quality Director, Brenda Stevenson has made a concerted effort to focus on engaging staff – helping them to understand what quality is, finding ways to make quality improvement fun and interesting, increasing visibility and transparency, and taking meaningful action on feedback gathered from staff.

As an example of making quality fun, the quality team develops a theme each year to drive influenza immunization rates. They build a story around the theme, with a new poster for each month of the immunization season. The posters during this flu season feature a progressive tale built around the characters of the popular television show, The Big Bang Theory. Employees find the posters funny and engaging, and the anticipation of each new poster keeps the issue front of mind, not only for those of patients, but also for themselves. Titusville also leverages their electronic health record and workflow alerts to ensure patients are consistently offered a flu shot.

Another technique that has been particularly useful and well received is stop lights. The red, yellow, green indicators are used for everything from patient educational materials to quarterly provider quality-performance report cards to board reports. In each example, red, yellow, and green may mean different things specifically, but the basic concept is the same, making for easy and consistent communication. Stop lights on patient educational materials might help them understand how to manage symptoms of congestive heart failure and chronic obstructive pulmonary disease by depicting “When you feel this way, you’re in the green and good to go,” versus when you feel another way, “you’re in the red and need to seek medical attention.” Red, yellow, and green on provider quality reports help them understand their performance on metrics in comparison to the hospital

overall as well as to state and national standards. While the reports include greater details than just three colors, the quality department nearly always receives a call when a provider has a measure in the red. The streamlined and simplified approach to communicating this information helps to keep providers focused.



TAH Quality Department members: Seated - Brenda Stevenson RN, Quality Director, L to R - Megan Taylor Quality Secretary, Sheri Holcomb RN, Diane West RN, Abstractor and Patient Quality Educator.

Communicating the data is just part of the story at Titusville. When there is an issue with performance, the quality department supports improvement efforts through the Plan-Do-Study-Act (PDSA) process. The quality committee meets quarterly to review data and assembles teams as necessary to address any issues. When engaging with frontline staff, the focus is always on why something needs to be done and what impact it will have on patients and health care personnel. Often the quality department aims to get the staff and providers who are perceived to be the hardest sells on board with a process first, which they find helps to ensure long term success.

Titusville has had a recent focus on improving transitions of care as captured through the HCAHPS survey as well as readmissions. To that end, a quality educator tries to attend all discharge planning meetings, particularly Medicare patients and those with a top readmissions diagnoses. This helps with smoothing the process before the patient leaves the hospital and also provides useful information for post-discharge calls, which are completed for all inpatient and observation patients within two days of leaving the facility. This has proven to help reduce readmissions by catching instances of patients not taking newly prescribed medications, increasing rates of attendance at follow-up appointments, assisting with transportation needs, and making appropriate referrals for social services.



Examples of TAH stop light color-coded reporting and patient education materials.

It's also important to get the right members on teams. For example, the pharmacy at Titusville is heavily engaged not only in antibiotic stewardship but also in reducing falls. Case reviews found some patients were given sleeping pills late at night which was contributing to higher rates of falls, leading to a policy change. All medication orders for admitted patients are screened; if a new medication puts a patient at a higher risk for a fall, the pharmacist flags the record and notifies nursing staff.

Transparency, buy-in, and a clear articulation of the “why” behind quality improvement initiatives serves Titusville Area Hospital and its community well.

Data



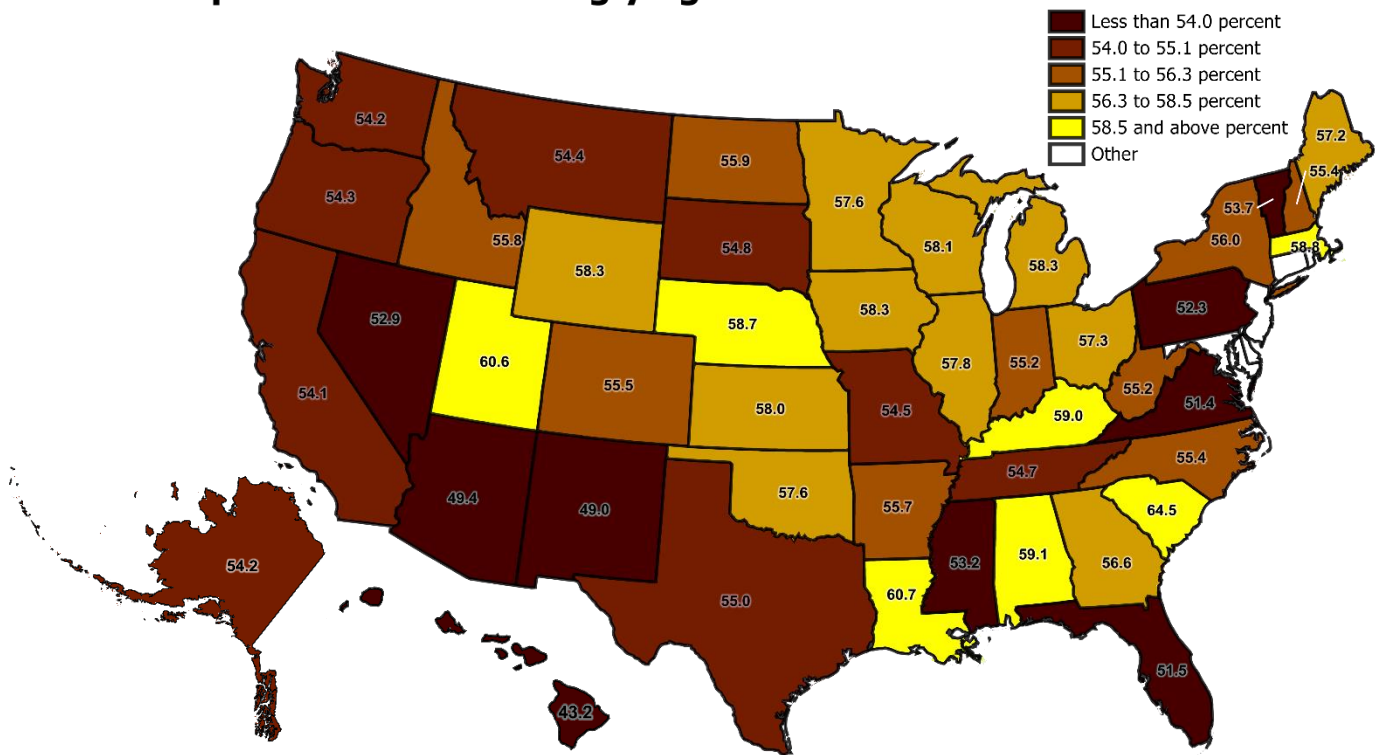
HCAHPS Performance in 2017

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that provides a standardized way to measure patients' perspective on hospital quality of care. Each year, the Flex Monitoring Team (FMT) releases a set of reports summarizing HCAHPS reporting rates and performance for all CAHs across the nation and by state. The [reports](#), published in January 2019, summarize CAH HCAHPS reporting and performance for discharges during calendar year 2017. Consider using these reports as a source for benchmarking data to supplement what you will find on [HCAHPS Online](#) (which includes performance percentiles and other data for all hospitals, not just CAHs).

In 2017, 84.4 percent of CAHs reported HCAHPS survey data – up from 81.2 percent of CAHs the year before and just 41.3 percent of CAHs six years earlier in 2011. Additionally, in twelve states, every single CAH reported HCAHPS data in 2017. Most CAHs had an HCAHPS survey response rate between 25 and 50 percent. In 2017, CAHs across the nation had the best HCAHPS results in measures related to information about recovery at home, doctor and nurse communication, room cleanliness, and overall hospital rating.

The map below shows an area of improvement for CAHs: Top-box performance for the Care Transition composite, by state (the percentage of patients who said they “Strongly agree” that they understood care when they left the hospital). National performance for CAHs is 56.3 percent. Similar information for all HCAHPS measures by state can be found on page five of the [overall FMT report](#), and more detailed information can also be found in the state-specific CAH reports available via the [previous link](#).

Percent of patients who "Strongly agree" care understood when left CAH



How does your hospital's performance on various HCAHPS measures compare to other CAHs in your state? In the nation?

Tips



Robyn Quips - tips and frequently asked questions

OP-27: Is it Really Gone? (No!)

CMS has removed OP-27 (Influenza Vaccination Coverage Among Healthcare Personnel) from their Hospital Outpatient Quality Reporting (OQR) Program, but in name only.

Let me explain. CMS removed the measure from their OQR Program, but it still is a required measure in their Hospital Inpatient Quality Reporting (IQR) Program, where it goes by the name HCP – Influenza Vaccination Coverage Among Healthcare Personnel. It is the same measure, collected and reported only once in NHSN; it was simply named something different in the two programs. All they did was remove it as a measure from one program because it was also a measure in another program, just going by a different name.

What does that mean for the MBQIP measure reporting? No change at all. You still collect and submit your personnel influenza vaccination data to NHSN the same way you have in the past. The only difference is that it won't go by the OP-27 measure name anymore; it will be called HCP. Same due date, May 15, 2019, covering the October 1, 2018 – March 31, 2019 time period.

Some of you may have attended one of two webinars presented by the CDC/NHSN on influenza vaccination reporting for healthcare personnel in late January. They were supposed to contain the same content, just offered at two different times.

However, the January 24 webinar gave incorrect information on how data was to be collected for the measure. In that webinar, CDC/NHSN instructed that outpatient areas in the acute care hospital were no longer to be a part of the data collection. CMS notified CDC/NHSN that that was not correct, and the second webinar on January 29 gave the correct information on how to collect the data for the measure.

If you attended the January 24 webinar or want to hear the correct January 29 presentation again, recordings and an updated slide set are [available on the CDC website](#).

The main takeaway here is that there is NO difference in how you collect and report this data. Only the name of the measure has changed. In the MBQIP program, you will now see the measure referred to as HCP/IMM-3. IMM-3 is what the measure is called on Hospital Compare. This is how it is being referred to in reports from FMT, and the MBQIP program wants to be consistent.

So, Influenza Vaccination Coverage Among Healthcare Personnel (The measure formerly known as OP-27) is now HCP/IMM-3!

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 Wednesday, April 17, 2019, 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! [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.

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.

Sessions available at: <http://bit.ly/Online-MBQIP-Data-Abstraction-Training>

- Locating CMS Specifications Manuals (13-minute video)
- Locating CART (CMS Abstraction Reporting Tool) (9-minute video)
- Outpatient AMI Measures (OP1 - OP5) (23-minute video)
- Outpatient Chest Pain Measures (OP4 - OP5) (20-minute video)
- ED Throughput Measures (OP18, OP20, OP22) (19-minute video)
- Outpatient Pain Management Measure (OP21) (12-minute video)
- Inpatient Influenza Vaccination Measure (IMM-2) (18-minute video)

[2018-2019 Influenza Season: Collecting Healthcare Personnel Influenza Vaccination Data](#)

Updated Centers for Disease Control and Prevention guidance for collection of the Healthcare Personnel Influenza Vaccination Measure.

Stoplight (Red-Yellow-Green) Patient Education Tools

The analogy of a stoplight can be useful in teaching patients about monitoring and managing their chronic condition.

- [Sample stoplight tools for diabetes and asthma](#)
- [Sample stoplight tool for COPD](#)



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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