

Medicare Beneficiary Quality Improvement Project



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

## In This Issue

**1 CAHs Can!**  
Rural Success:  
High-performing CAHs  
Take Action for  
Antibiotic Stewardship

**3 Data: CAHs Measure Up:**  
Annual Facility Survey  
Provides Antibiotic  
Stewardship Snapshot

**4 Tips: Robyn Quips – tips and frequently asked questions:**  
New Year Means New  
Manuals

**5 Tools and Resources:** Helping  
CAHs succeed in quality  
reporting & improvement

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: High-performing CAHs Take Action for Antibiotic Stewardship

In Spring 2019, the Rural Quality Improvement Technical Assistance Center (RQITA) convened a series of focus groups to identify and compile strategies and best practices from critical access hospitals (CAHs) that have successfully implemented antibiotic stewardship programs. Suggested strategies, tools, and resources identified are in the process of being summarized and will be made available as a guide for CAHs seeking to implement or enhance antibiotic stewardship programs at their facilities. This is all to support the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP), which has set a goal that all CAHs have a fully implemented antibiotic stewardship program by August 2022.

Antibiotic stewardship is a core measure of the Medicare Beneficiary Quality Improvement Project (MBQIP), measured using the National Healthcare

Safety Network (NHSN) Annual Facility Survey. The survey includes several questions used to determine if a hospital has met one of the [seven core elements of antibiotic stewardship](#) as defined by the Centers for Disease Control and Prevention (CDC). In a few cases, a single question aligns with a core element, such as *accountability* (Is there a leader responsible for stewardship activities at your facility?) or *drug expertise* (Is there at least one pharmacist responsible for improving antibiotic use at your facility?). This means that the hospital must answer yes to a specific question to receive credit for implementing that core element. Other core elements, such as *action*, offer options for how a hospital goes about getting credit for implementation. A hospital receives credit for meeting the *action* core element so long as the facility has implemented one of five actions (see the next article for the exact wording of the questions on the survey).

Recognizing that action is at the core of an effective antibiotic stewardship program, hospitals invited to participate in the focus groups had not only implemented all seven core elements of antibiotic stewardship but had implemented at least four of the five options for meeting the *action* core

CDC recommends  
**7 CORE ELEMENTS**  
for antibiotic stewardship in hospitals  
Leadership Commitment ● Accountability  
Drug Expertise ● Action ● Tracking  
Reporting ● Education

element. Below are a couple of takeaways from the focus groups regarding each of the action items.

#### **Documentation of indication for all courses of antibiotics**

- The ease or difficulty of implementing this action item depends in large part on the capacity of their electronic health record (EHR) to support the activity. Some EHRs require documentation of indication before allowing a prescription to be entered. Hospitals that don't have this built into their EHR have had to rely on open notes fields to capture the indication and struggle with compliance without a prompt from the EHR.
- Auditing documentation of indication and sharing the results is essential to ensure that clinicians are following the protocol. Some hospitals have tied adherence to this requirement to clinician performance reviews.

#### **Develop and implement facility-specific treatment recommendations**

- Developing facility-specific treatment recommendations can be difficult in CAHs because of the small volumes of patients, however many CAHs have worked with their health system affiliates, nearby universities, or other partners to develop facility-specific antibiograms.
- This is another place where the EHR can be helpful. Something as simple as changing the order of the options available in a drop-down list can help to change ordering practices.

#### **Antibiotic time out**

- When the EHR can prompt a time out, it becomes a natural part of the workflow; however, in some cases, the prompt might come before culture results are available, which requires circling back around.
- If the EHR doesn't facilitate a timeout, there are other options for making it a standard part of the workflow. Some options:
  - Pharmacy can send nursing a report daily of how long patients have been on antibiotics
  - Reviewing appropriateness of antibiotics can be a standard during daily rounds
  - Pharmacy can manually generate a note on the chart reminding the clinician to complete a timeout

#### **Prior authorization for specific antibiotic agents**

- Not having 24-hour pharmacy coverage does not preclude hospitals from implementing prior authorization. Many rely on consulting pharmacists, telemedicine, or a health system affiliated pharmacist for remote verification after hours.
- Restricting what is available in the formulary is one way to enforce the requirement of prior authorization for specific antibiotics.

#### **Prospective audit and feedback**

- Deciding who will oversee the audit process will depend on resources. Pharmacy at the CAH or infectious disease physicians at the health system were most often cited.
- Determining what to share and when will depend on the needs and culture of your team. Some options include individualized data shared one-on-one, aggregate data shared to the clinician team, or physician-specific unblinded data.

Watch for more information about the outcomes and a resulting resource from the antibiotic stewardship focus groups with high performing CAHs in an upcoming edition of MBQIP Monthly.

# Data



## CAHs Measure Up: Annual Facility Survey Provides Antibiotic Stewardship Snapshot

As of February 2019, 1,139 CAHs participating in MBQIP had submitted the 2017 Annual Facility Survey. A total of 1,078, or 94 percent, have indicated that they are meeting the Core Element of *Action* for antibiotic stewardship programs as collected through the National Healthcare Safety Network’s Annual Facility Survey. CAHs can meet the Core Element of *Action* by answering ‘Yes’ to at least one of the following five questions:

1. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?

**506 CAHs (47%) answered ‘Yes’**



3. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinical conditions?

**823 CAHs (76%) answered ‘Yes’**



4. Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time out)?

**490 CAHs (45%) answered ‘Yes’**



5. Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?

**549 CAHs (51%) answered ‘Yes’**



6. Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers at your facility?

**899 CAHs (83%) answered ‘Yes’**



Among these 1,078 CAHs, 149 CAHs (14%) are meeting the Core Element of *Action* by indicating that they are monitoring all five of these action items – an admirable goal!

Compare your hospital’s Annual Facility Survey to what’s above. How many of the actions is your hospital implementing? Where do you want to improve? Stay tuned for data updates based on the 2018 Annual Facility Survey in coming issues of MBQIP Monthly.

# Tips



## Robyn Quips - tips and frequently asked questions

### New Year Means New Manuals

With May being the end of submitting 2018 chart-abstracted data, the start of 2019 abstractions brings new specifications manuals. For those of you who are just starting to abstract Q1 2019 outpatient encounters and inpatient discharges, and hopefully, for those of you who have already begun 2019 abstraction, you are using the manuals specified for this time frame.

- Hospital Outpatient Quality Reporting Specifications Manual version 12.0a is for use with encounter dates 1/1/2019 – 12/31/2019.
- The Specifications Manual for National Hospital Inpatient Quality Measures version 5.5a is for use with discharges 1/1/2019 – 06/30/2019.

The only way to know if instructions/specifications for the measures have changed from the prior year is to read the Release Notes that accompany each new version of the manuals. The Release Notes are found on the same pages as the Specifications Manuals in QualityNet. Since manuals come out far in advance of the date they are to be used, there can often be more than one set of Release Notes, so be sure to look and see if there are multiple sets of notes.

In addition to being called out in the Release Notes document, additions are highlighted in yellow in the new manual versions. However, just looking to see what is highlighted in yellow isn't going to show you what might have been removed. It's a nice feature, but you will miss changes if you only look for the yellow highlighting.

The IMM-2 and ED-1 measures have been removed for chart abstraction by CMS starting Q1 2019 abstraction. Since the QualityNet warehouse will no longer accept data for those measures, they are removed from the MBQIP program as well. *Your inpatient measure abstraction days are **not** over; ED-2 is still an inpatient measure and should be abstracted.*

For those of you that use the paper abstraction tools, they have been updated as well. These can be found by selecting Abstraction Resources on the Data Collection (& CART) pages, which are listed under the Hospital Inpatient and Outpatient tabs on the QualityNet home page. Make sure to select the 2019 timeframe before printing out the tool.

If you haven't done so already, make sure you update to the latest CART versions as well, Outpatient version 1.17 and Inpatient version 4.22.

There are no changes to the EDTC Specifications Manual or the Excel tool for 2019. The Manual and tool can be found on the [ED Transfer Communication Resources web page](#).

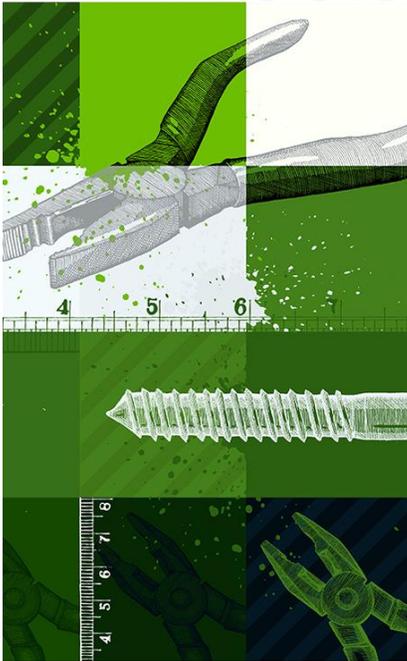
## Go to Guides

### 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, July 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](mailto:rcarlson@stratishealth.org).

### Updated! [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).

### Updated! [MBQIP Data Submission Deadlines](#)

This single page document contains a chart showing the Medicare Beneficiary Quality Improvement Project (MBQIP) data submission deadlines through Quarter 4, 2019.

### Updated! [Quality Improvement Implementation Guide and Toolkit](#)

This guide and toolkit offer strategies and resources to help critical access hospital (CAH) staff organize and support efforts to implement best practices for quality improvement.

### [Study of HCAHPS Best Practices in High Performing CAHs](#)

Improvement strategies and effective best practices for each component of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), gathered from high performing critical access hospitals (CAH) across the U.S.

### New Health Literacy course offers FREE continuing education!

Nine out of 10 adults struggle to understand and use health information when it's unfamiliar, complex or jargon-filled. Limited health literacy costs the health care system money and results in higher than necessary morbidity and mortality. Health care professionals and non-medical staff can register for [Effective Communication for Healthcare Teams: Addressing Health Literacy, Limited English Proficiency and Cultural Differences](#). Register for this FREE course today by setting up a CDC TRAIN profile and [launching the course](#). If you have questions please contact [healthliteracy@cdc.gov](mailto:healthliteracy@cdc.gov).



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.

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$625,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. (December 2018)*