

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: Upper Connecticut Valley Hospital, NH

A little over eight miles south of the Canadian border, [Upper Connecticut Valley Hospital](#) (UCVH) serves Colebrook, New Hampshire and the surrounding communities across roughly 850 square miles. UCVH is a 16-bed critical access hospital (CAH) with an active swing bed program, same-day surgery, and specialty and rehab services, and the emergency department (ED) sees more than 4,000 patients annually.

UCVH employs a hybrid Plan Do Study Act (PDSA) approach to quality improvement that incorporates aspects of Lean. Departments throughout the facility select quality initiatives based on regulatory requirements and identified improvement opportunities. Department managers report out on these initiatives quarterly to the Quality Improvement Committee, a multi-disciplinary group that includes representation from nursing, dietary, housekeeping, management, front line staff, providers, leadership, and representatives from the Board of Directors. Report outs include highlighting accomplishments, reviewing quality goals, and clarifying action steps if goals have not yet been met. The quality director is available to coach and assist department managers with projects as appropriate.

Beyond engagement and transparency with staff, UCVH shares their data publicly. The landing page of their website includes data for HCAHPS, highlighting both their high performance across a majority of domains, as well as the opportunities they have for improvement. Some of the areas UCVH excels at include responsiveness of staff, communication with nurses, and care transitions. With regard to staff responsiveness, UCVH installed a new call system for inpatients within the past year. Patients are now able to indicate specifically what they need when they call in order to get the right person in the room. At the same time, it's a standard of practice that responding to call bells is everyone's responsibility. Through that effort, the average response time at UCVH last month was just 39 seconds.

Outstanding call light response times and consistent use of whiteboards in the patient rooms are likely the factors contributing to a high rating for communication with nurses. Bedside rounding is another important practice that affects patient care and experience. Hourly rounding has helped with a reduction in falls; physician/nurse care teams round together on patients as

much as possible to ensure that everyone is on the same page about the care plan; and a charge nurse completes nurse leader rounding with every patient, asking if they have discharge-related questions or needs they haven't been able to discuss.



Upper Connecticut Valley Hospital

During patient care and in preparation for discharge, the UCVH team convenes multidisciplinary rounds daily Monday - Friday, during which representatives from a variety of departments, including hospitalists, primary care nurses, care managers, rehab services, nutrition services, and pharmacy, discuss each patient, with a particular focus on care transitions. Engagement of the pharmacist ensures clear communication about medications, including calling out opportunities to review the appropriateness of antibiotic use. Following discharge, every patient receives a follow-up phone call from the care management department (the goal is within 72 hours). Discussion focuses on the hospital stay, questions regarding the discharge plan, medication review, follow-up appointments, and transportation needs — all of these aid in ensuring smoother care transitions for patients.

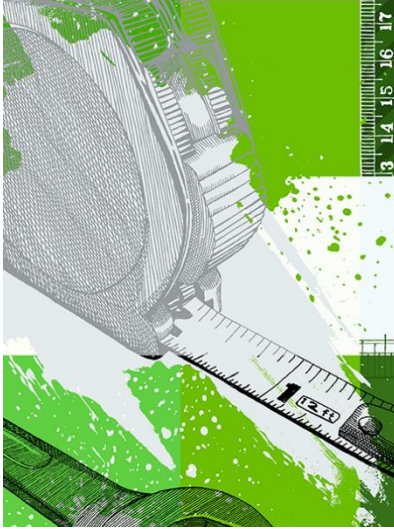
UCVH recognizes the importance of care transitions within the hospital, as well. The team is currently looking to identify where delays occur at each step of the admission process of patients being admitted to the floor from the emergency department (ED) and then engaged hospital and ED staff in understanding how to eliminate those barriers. They also recognize the importance of streamlining ED admissions, utilizing a direct bedding process that is likely the driver of their

consistent zero percent left without being seen score (OP-22).

Of course, the ED often serves the role of triage and transfer. Those patients seen in the UCVH ED who are then transferred to another location can be assured all of the relevant care information is passed along to the next setting of care. UCVH worked on updating their transfer checklist and workflow processes, resulting in consistent 100 percent performance on the EDTC All composite over the past quarters.

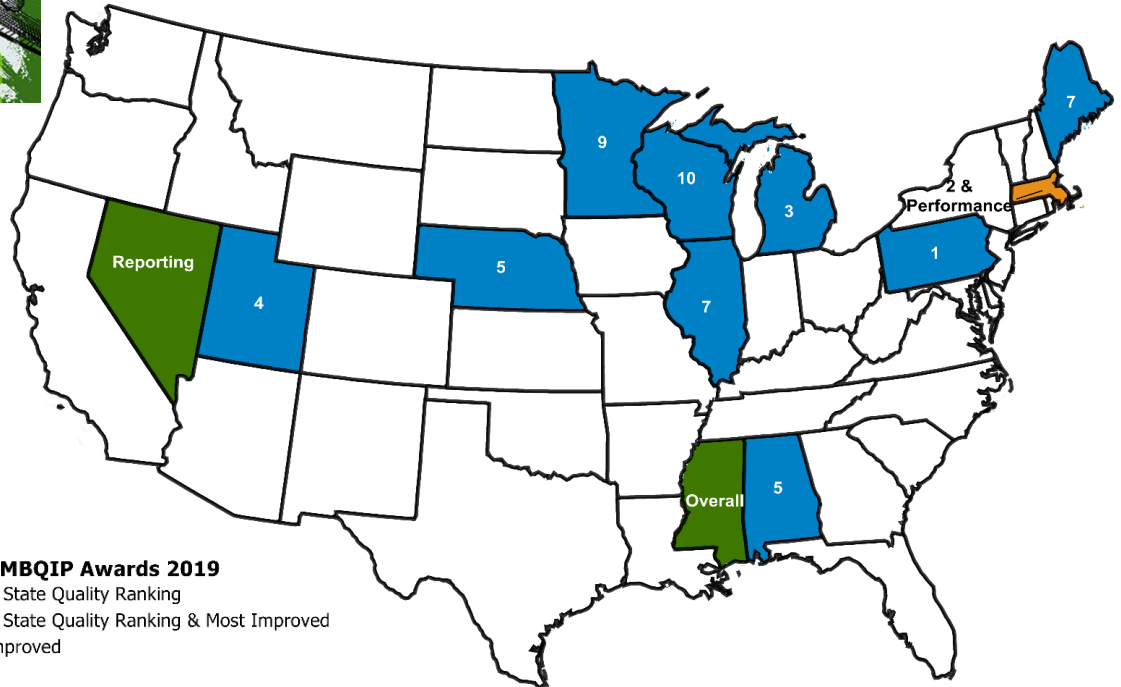
The team at UCVH takes great pride in their community, and their integrated approach to improvement continuously improves the quality of care they provide.

Data



CAHs Measure Up: 2019 MBQIP Awards

At the [2019 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 10 states awarded the FORHP State Quality Rankings (Alabama and Nebraska tied for fifth place, and Illinois and Maine tied for seventh place) were determined by compiling rankings of reporting and performance in patient safety/inpatient, outpatient, and patient engagement measures for Q1 – Q4 2017, and in care transitions measures for Q1 – Q4 2018. States awarded Most Improved were chosen by comparing reporting and performance rankings from this year to the previous year's rankings. The map below shows the 2019 awardee states.



MBQIP reports provide averages and 90th percentiles for your state and the nation to use for benchmarking. [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.

EDTC-All is the composite Emergency Department Transfer Communication measure. Data shown is from Q1 2019.

OP-18b is the median time from Emergency Department arrival to contacted departure for discharged ED patients. Data shown is from Q4 2018.

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 2018.

IMM-2 is influenza immunization among patients. Data shown is from Q4 2018.

MBQIP Measure	Best Overall State Average	Best Statewide 90th Percentile
EDTC-All	AL - 97%	100% (all but MA and MN)
OP-18b	NE - 98 minutes	NE - 75.5 minutes
HCAHPS Question 21	UT - 84% rating of 9 or 10	Not available
IMM-2	MA - 97%	100% IL, MA, ME, MI, NE, PA, WI

Tips



Robyn Quips - tips and frequently asked questions

EDTC Updates

Starting with 2020 emergency department (ED) encounters, there will be some changes to the Emergency Department Transfer Communication (EDTC) measure. We're just finishing up a pilot with some CAHs and will be getting their feedback on the EDTC Specifications Manual instructions. Training on the revised measures will be coming later in the fall; keep reading the MBQIP Monthly for updates.

As part of the pilot, we reviewed records from over 100 ED transfers from 34 hospitals. One of the unexpected findings during that pilot was regarding acceptable documentation found in the record to indicate that the required data was sent to the receiving facility. To be able to answer 'yes' there must be documentation in the charts showing that the data elements were sent. "Sent" per the Specifications Manual means that the required data went with the patient or was communicated to the receiving facility via fax, phone, or internet/EHR connection availability within 60 minutes of the patient's discharge. This is not changing in the upcoming EDTC revision.

There needs to be documentation in the patient's record that the required data elements were sent. Let's say I'm abstracting a record that says "Transfer Report sent". I don't see any document in the record I'm looking at labeled Transfer Report. I have no documentation that tells me what is in the transfer report. I see no other documentation indicating anything was sent to the receiving facility, so I answer all the data elements with "no".

The above applies to documentation that says a "Transfer Summary", "Transfer Packet", "Encounter Summary", "Visit Summary", etc. was sent. If there is no form labeled as such in the record or no documentation to indicate what is contained in those forms, then you can't say yes to the required data elements being sent. It doesn't matter that you know what is contained in those forms because you work at the hospital. This is about documentation in the record. Anyone should be able to look at that record and abstract it the same way.

Other terms I encountered were "Pertinent Documentation" and "ED Key Documentation" sent. What's contained in that? Would we all think the same thing was pertinent or key? I didn't know what was sent so I answered 'no' to the data element questions, and so should you if this is the documentation you see in your records.

To sum it up, you have to have documentation in the record showing that each of the required data elements was sent. If your documentation is saying such-and-such a form was sent, a copy of that form needs to be in the chart so anyone can look at it and see what it contains or you need to indicate in the record what data elements are on that form. Documentation that picks and chooses certain parts of the ED record to be sent when you don't have information on exactly what was included is not acceptable.

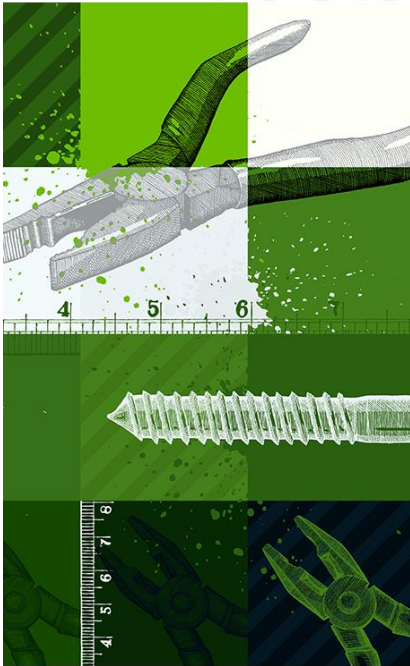
Go to Guides

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, October 9, 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.

[MBQIP Quality Reporting Guide](#)

Intended to help critical access hospital staff involved with MBQIP understand the quality measure reporting process. For each reporting channel, information includes how to register, which measures are reported where, and how to submit data.

[SBAR Toolkit](#)

The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team. SBAR is an easy-to-remember, concrete mechanism useful for framing any conversation, especially critical ones, requiring immediate attention and action. This tool from the Institute for Healthcare Improvement provides guidelines for using the technique, and a worksheet to support utilization. (Free log-in required to access)

[Critical Crossroads Toolkit](#)

A new resource to help hospital emergency departments better manage and coordinate care for children and adolescents in mental health crisis. *Critical Crossroads* is a product of a partnership between HRSA's Maternal and Child Health Bureau - Emergency Medical Services for Children Program and Federal Office of Rural Health Policy.



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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