MBQIP Monthly

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: Power County Hospital District, ID

Power County Hospital District (PCHD) is a 10-bed county-owned critical access hospital located in the farming community of American Falls, Idaho. The hospital has an average daily census of 1.4, and the emergency department (ED) serves approximately 175 patients per month. PCHD also runs two rural health clinics and an attached long-term care facility. The community recently showed their support for the PCHD when it passed a bond to rebuild the facility. Among other things, funds from the bond will be used to update all patient rooms to single rooms with bathrooms and showers, purchase new monitoring equipment, improve the accessibility of the ED to the floor and double the size from two to four beds, and move administration back on site.

PCHD has adopted the Plan Do Study Act (PDSA) cycle to inform their quality improvement work, and every department actively participates. An interdisciplinary quality committee meets monthly, and performance reports are distributed through a monthly quality newsletter, *QAPI Pulse*, which is shared across the organization.

PCHD also has leveraged competition to engage providers and nurses in quality improvement. It's common to hear about hospitals using provider report cards, but PCHD has implemented the use of a monthly nursing scorecard. (Examples on page 2.) The process was born out of a recognized need to improve performance on the Emergency Department Transfer Communication (EDTC) measure. The unblinded monthly reports scorecard lists nurses involved in transfers, the number of transfers they were responsible for (denominator), the number of those transfers that were 100 percent complete (numerator), and the performance rate (numerator/denominator). The scorecard was successful in helping identify nurses that needed additional education or support with the process. By engaging nurses to make suggestions for changes to the transfer form, the scorecard led to a significant improvement in EDTC performance overall. Since then, the nurse scorecard has been expanded to include additional measures across multiple departments, including observation, inpatient, swing bed, and outpatient.

Transfer RN	Total Transfers	# Completed	%
October	2018		
Nurse A	3	3	100%
Nurse B	2	1	50%
Nurse C	6	5	83%
Nurse D	1	1	100%
Nurse E	1	0	0%
Nurse F	1	1	100%

Although PCHD is a small critical access hospital with low volumes of patients presenting with AMI and chest pain, they've worked hard to improve their performance on OP-5: Median Time to ECG. The team identified that the equipment's location was causing delay, so they moved the machine into the ED and trained all nurses on how to use it. This change has resulted in a median time to ECG that is consistently less than 10 minutes.

NURSE ED SCORECARD JULY 2019

DC NURSE	CCDA to Portal	Secure MSSG Sent	Portal PIN	Triage	Orders	IV Start /Stop	Admit VS	DC VS	Home Meds	Probs	Admit MR	DC MR	Nurse SIG	Prov. SIG	DC Summary	Disposition	AVERAGE SCORE	# OF CHARTS
Nurse A	100%	-	-	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	1
Nurse B	75%	100%	100%	100%	100%	75%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	97%	4
Nurse C	100%	50%	100%	94%	81%	100%	94%	83%	100%	100%	78%	100%	100%	100%	100%	89%	92%	9
Nurse D	92%	-	50%	92%	95%	60%	100%	92%	100%	100%	100%	92%	100%	100%	100%	100%	91%	12
Nurse E	70%	-	75%	85%	89%	100%	100%	85%	100%	100%	40%	80%	90%	100%	100%	90%	87%	10
Nurse F	61%	0%	100%	79%	90%	100%	100%	89%	58%	26%	5%	5%	95%	100%	92%	92%	68%	19
Nurse G	67%	-	0%	83%	100%	-	100%	33%	100%	33%	0%	0%	100%	100%	67%	50%	60%	3
Nurse H	0%	-	-	67%	75%	100%	100%	100%	100%	0%	0%	0%	100%	67%	67%	0%	55%	3
																	AVERAGE SCORE	# OF CHARTS
																	81%	61

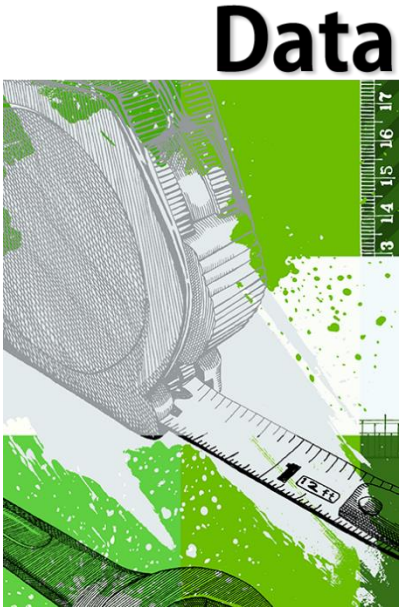
Examples of PCHD monthly nursing scorecards

Another innovative approach PCHD adopted is related to patient experience and care transitions. PCHD recognized an opportunity to improve their HCAHPS scores related to care transitions. Like many hospitals, they start planning for discharge upon admission. Patients are provided a folder at admission that includes a pen and note pad for jotting down things they want to remember or questions they have. A discharge planner works with all inpatient and swing bed patients, reviewing a patient-friendly checklist that engages them to affirm their understanding of a variety of things, including what medications they need to take and how, to provide contact information for someone to call in case of problems, and confirm that someone close to them knows they are coming home and what they need when they leave the hospital.

A newly renovated PCHD patient room

In addition to conducting discharge follow-up calls, a nurse makes home visits to all patients within 2 weeks of discharge. During the home visit, the nurse asks if the patient got their meds, if they have what they need, if their follow-up appointments are scheduled or complete, if they have transportation needs, etc. The nurse is also able to make referrals to social workers if needed. Although a few patients have been cautious of the home visits, they have overwhelmingly been well-received.

Power County Hospital District leverages their low volumes to support their focus on positive one-to-one interactions between patients and caregivers. As noted by their QAPI officer, Afton May, "We're taking care of our neighbors - people we see at the grocery store and community events." If that's not a reason to provide top-notch care to every patient, every time, what is?



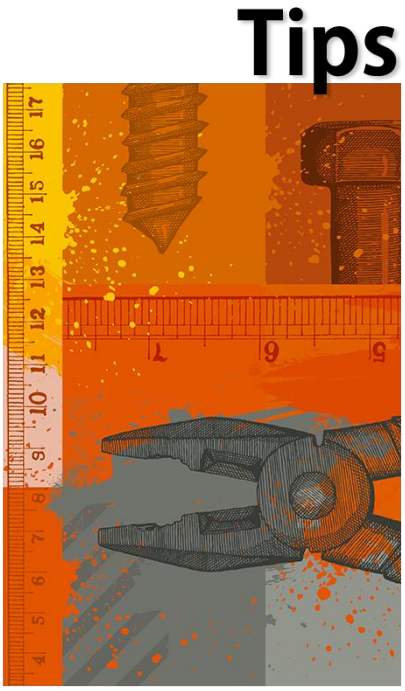
CAHs Measure Up: Benchmarking to Improve Antibiotic Stewardship

The recently published Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs, which contains a wealth of antibiotic stewardship best practices shared by high-performing critical access hospitals (CAHs) across the United States during a series of focus group discussions performed in Spring 2019. In it, you'll find tangible improvement strategies and effective best practices for each of the Centers for Disease Control and Prevention Core Elements of Antibiotic Stewardship Programs.

The CAHs randomly selected to participate in these focus groups have successfully implemented all seven Core Elements. Additionally, independent CAHs must have answered "Yes" to all three tracking questions and four or five action questions, and CAHs that are part of a health system must have answered "Yes" to all three tracking questions and all five action questions

Benchmarking can be used even for a self-assessed structural measure like antibiotic stewardship implementation as a way for you to understand your performance and identify areas to celebrate as well as places you might focus improvement efforts. A general overview of benchmarking can be found in the March 2017 MBQIP Monthly and in the May 2019 MBQIP Monthly.

Consider comparing each measure in your hospital's most recent MBQIP Patient Safety and Inpatient/Outpatient report to the state and national average (these can also be found within your latest MBQIP Patient Safety and Inpatient/Outpatient report). Locate the Core Elements where your hospital has room for improvement, then navigate to those measures within Antibiotic Stewardship Implementation: Suggested Strategies from High Performing Critical Access Hospitals to learn about what some of the highest-performing CAHs are doing to succeed. Are there any strategies your hospital might consider trying?



Robyn Quips - tips and frequently asked questions

What's Showing on Your MBQIP Report?
Either you have already received your latest MBQIP report or you should be receiving it shortly. If you see any values I mention below, you should examine how and what data you're submitting before the next due dates approach.

Do you see any N/As? You shouldn't. N/A means there is no data in the warehouse for your hospital for that quarter. If you didn't have any cases that met the population requirements, you **record a zero** in the population and sampling grid. If the report preparers see no data in the warehouse for a hospital, they look to the population and sampling grids to see if you indicated there were zero cases to abstract and that gets displayed on the report.

But say you submitted data and still have an N/A? Are you sure the QualityNet warehouse accepted your data? Don't assume it was accepted just because you sent it or because you received an email from the warehouse saying it was. Run the QualityNet Case Status Summary report. There are a couple of other reports in QualityNet you can run but if you're trying to find out if your data was accepted or rejected the Case Status Summary (see the MBQIP Reporting Guide for how to run) is the easiest report to read.

If the report says, "No Data is available for the selected criteria," it means something went wrong in the submission process, and your data didn't make it to the warehouse. Try submitting and rerunning the report. If you get the same result, call the QualityNet Service Desk to get assistance with your submission. If the report tells you the number of cases that you submitted, number accepted, and that none were rejected, great! Nothing more you need to do. If you have rejections, run the Submission Detail Report to find out why they were rejected. Fix them and resubmit. This must be done before the data submission deadline, so don't wait till the last minute to try and get help or correct cases.

If you have N/As on your report because you didn't submit data, why didn't you?

If you look at your report and see a 0 (zero) for OP-18, this means that you had no outpatient ED records that met the population requirements and you put a zero in the population and sampling grid. That's unlikely, as the population requirement is that they were seen in your ED, not admitted to inpatient, and had an E/M code. Did you really intend to report that you had no patients seen in your ED for the quarter? Probably not.

What about a zero for ED-1 and ED-2? The population requirement for those measures is being discharged from your acute care facility with a length of stay of less than or equal to 120 days. So, a zero would mean that you had no acute care inpatients discharged for the quarter. Depending on the size of your facility, this could be possible. Still, if you had any inpatient discharges in the quarter, you would have cases that should be abstracted — recording a zero because none of your inpatients were admitted from your ED is not accurate. The population requirement is **anyone** discharged from your acute care facility with a

length of stay less than or equal to 120 days. Whether the patient was seen in the ED or not, you abstract any cases of patients discharged from your acute care for the quarter. Don't remove cases from the population because they weren't seen in the ED; the data element questions for the ED measures will remove those that don't belong.

While we're looking at the inpatient ED measure, what kind of times do you see for ED-2? ED-2 is Admit Decision Time to ED Departure Time for Admitted Patients. Does your report show 0 (zero) minutes? That would mean that the time of the decision to admit is the same time as the patient left the ED. Can that happen in your hospital? What times are being recorded for the Decision to Admit and the ED Departure data element? Are you abstracting the correct time? Is your EHR pulling from the right field? Just because your data is coming directly from your EHR doesn't mean it's always accurate.

The MBQIP Reporting Guide has information on how to fill out the population and sampling grids and how to run the Case Status Summary Report. If you are questioning your time values, think about signing up for an Abstracting for Accuracy consultation.

Go to Guides

Hospital Quality Measure Guides

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

Tools and Resources

New! **Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs**
This resource shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing critical access hospitals (CAHs) across the U.S. during a series of focus group interviews conducted in Spring 2019.

Abstracting for Accuracy Consultation
Sign up for this customized abstraction review process and phone consultation that will provide your hospital the opportunity to receive one-on-one education and assistance on how to abstract the MBQIP core measures. Abstracting for Accuracy can help CAHs increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

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.

Updated! **Quality Improvement Basics: A Collection of Helpful Resources for Rural Health Care Organizations**. Curated specifically for rural health care organizations, this collection of resources points health care quality professionals to the most helpful introductory resources and provides awareness of the more prominent health care quality organizations, programs, and terms.

A Rural Hospital Guide to Improving Care Management
This National Rural Health Resource Center guide provides rural hospital executive and management teams with generally accepted best practice concepts related to care management. Explore opportunities to improve performance within the hospital setting through the transition from traditional fee-for-service reimbursement to a value-based, population-health-focused reimbursement environment.

Ready to implement a care management program? Check-out this detailed step-by-step toolkit from Stratis Health: Community-based Care Coordination – A Comprehensive Development Toolkit.

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. (October 2019)