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: Pembina County Memorial Hospital, ND

The small town of Cavalier is less than a half-hour drive south of the Canadian border in eastern North Dakota. This predominantly farming community and the surrounding area are served by Pembina County Memorial Hospital (PCMH) – a 20-bed independent critical access hospital that also manages a 40-bed skilled nursing facility, a 20-unit independent living apartment for seniors, and a rural health clinic.

Quality Lead ArvaDell Sharp credits the longevity and experience of PCMH staff with the facility's quality success. A low turnover rate is a testament to the quality of culture at the organization and has proven to be an essential factor in driving quality improvement efforts. PCMH staff takes pride in their work, recognizing they care for their own families, friends, and neighbors.

When it comes to patient care, experience is important. PCMH has developed a color-coded report to help staff make sense of the patient experience data they receive through the HCAHPS survey. The report provides quarterly comparison data to show if performance has gotten better, stayed the same, or declined. Everyone at the facility, from frontline staff to the governing board have access to the same report, ensuring shared understanding of performance outcomes and opportunities. Continuity of care and follow-up are essential in driving positive patient experience and outcomes. Typically, a patient's primary care provider from the clinic is the same person providing inpatient care at the hospital, which helps in smoothing care transitions. In early 2020, PCMH implemented post-discharge follow-up calls to all inpatients to review medications, discharge instructions, confirm follow-up appointments, and address any other questions or concerns the patient has.

PCMH conducts these same follow-up calls with patients seen and discharged from the emergency department (ED). For ED transfers, PCMH shares an electronic health record (EHR) with the tertiary hospital that typically takes patient transfers, ensuring clear and timely communication. Still, the ED staff also utilize checklists to ensure all essential data is collected, documented, and shared with receiving facilities. As a level 4 trauma center, the ED physician on call must respond within 20 minutes to

trauma calls, and the facility has made it a goal that they respond within 30 minutes to all other calls.

PCMH recently shifted from a contracted pharmacist to a full-time pharmacist on staff. She's been working closely with the Med-Surg supervisor to enhance their antibiotic stewardship program. Areas of focus have included:

Pembina County Memorial Hospital

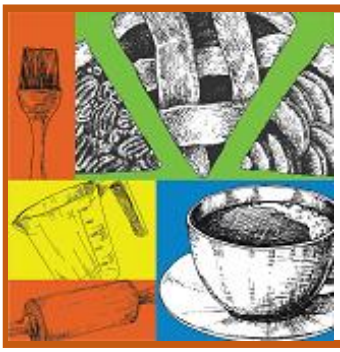
- Optimizing antibiotic therapy through policies that address proper dosing and IV to PO interchange
- Auditing both inpatient and outpatient records for antibiotic treatment of specific disease states
- Improving consistency of documentation of indication
- Implementation of antibiotic review reminder within the EHR

Because PCMH has a small population of patients, they use an antibiogram from the closest tertiary facility. While small volumes preclude them from developing their own antibiogram, they have found ways to leverage their size to their advantage. The pharmacy has worked with providers across the clinic, ER, and the inpatient unit to understand their personal communication preferences and has been able to tailor communication accordingly, an extra effort that the providers have appreciated.

PCMH participation in their community's Scarecrow Alley event.

At PCMH, "shout-outs" and other forms of recognition of those going above and beyond help keep staff focused and engaged. Other ways the team is shown appreciation include baked goods, chocolate, and notes of thanks. While these tokens of gratitude from teammates go a long way, it's sharing external messages from patients, families, and partners that have the biggest impact. The quality department routinely shares comments from HCAHPS surveys. The team in the ED recently received a letter of thanks from their telehealth partner for the ED's excellent communication, enabling the best care for a trauma patient.

These small displays of appreciation contribute to a culture that supports staff in their mission to provide the best possible care to their close-knit community members.



PCMH's Director of Nursing, ArvaDell Sharp, is one of eight experienced CAH quality improvement (QI) staff from across the country serving as virtual mentors. They share examples and advice on how to address common QI challenges in CAHs through Stratis Health's national rural Virtual Quality Improvement Mentor Program.

Check out episodes of *Quality Time: Sharing PIE* (performance improvement experience) for more ideas on how to improve quality of care at your facility.

Data

CAHs Measure Up: New EDTC Measure Data

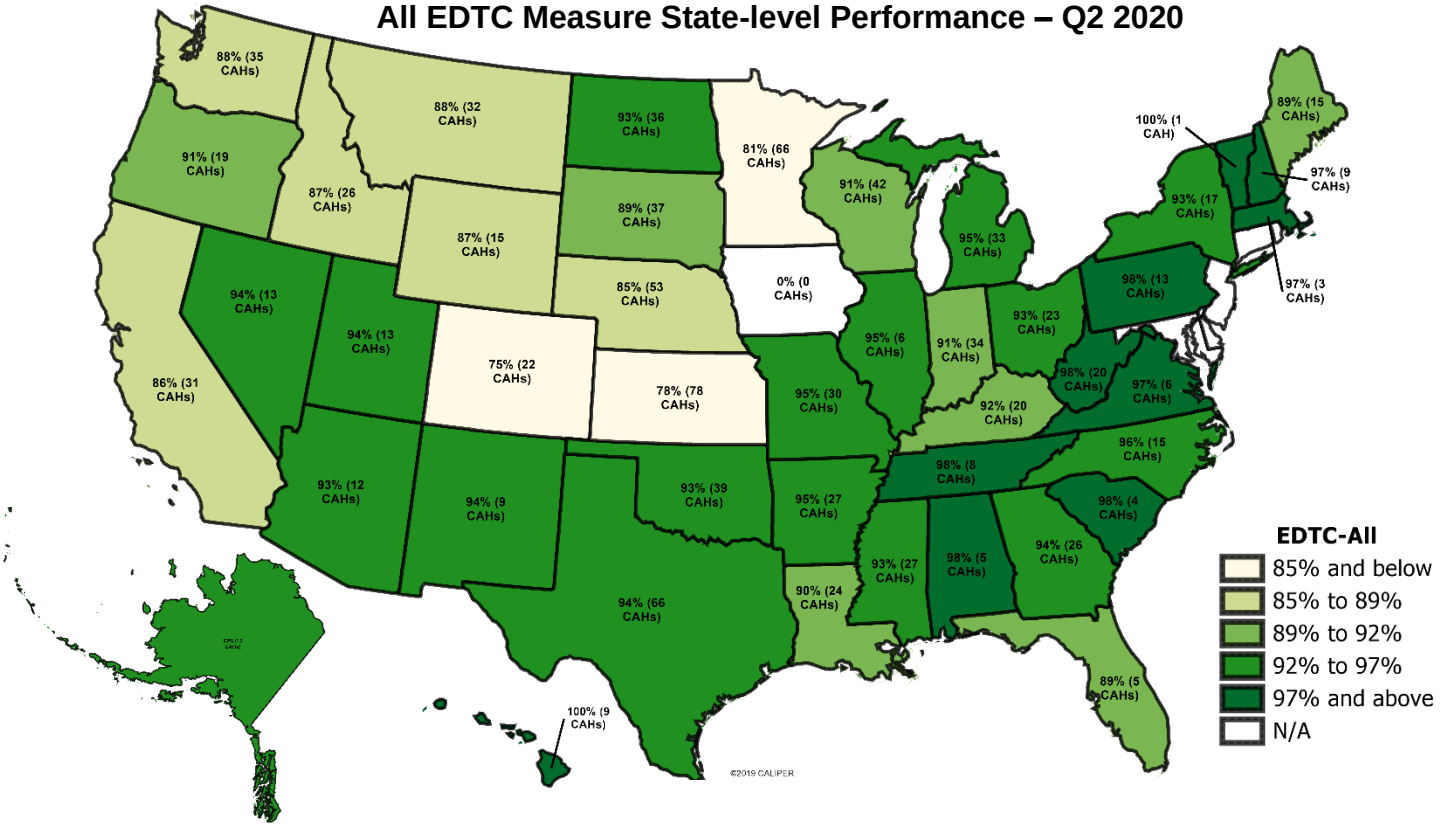
The Emergency Department Transfer Communication (EDTC) measure has been a required MBQIP measure since 2015, but starting with Q1 2020 data collection a revised version has been utilized. As a reminder, that revision reduced the total measure elements from 27 (through Q4 2019) to eight (starting with Q1 2020 data collection). These revisions streamlined data collection and included those data elements that are essential for continuity of care and care coordination.

The first round of EDTC data reports using the new specifications are now available! Check with your state Flex program if you haven't seen your hospital's data reports (which include state and national comparisons in addition to your hospital's data). A quick snapshot of the national level data from these reports can be found below.

Looking at state Level performance, the average All EDTC measure in Q1 2020 ranged from 77% to almost 100%. In Q2 2020 it ranged from 75% to 100%. For Q4 2019 EDTC (using the old specifications), 1,215 CAHs submitted EDTC, compared to a bit over 1,000 for Q1 2020 and Q2 20202 EDTC. Reporting rates aren't quite up to 2019 levels but in light of so much else happening in our world, we are excited to see so many CAHs participating!

Element	Q1 2020	Q2 2020
Home Medications	90%	90%
Allergies and/or Reactions	95%	95%
Medications Administered in ED	96%	97%
ED Provider Note	97%	97%
Mental Status/Orientation Assessment	95%	95%
Reason for Transfer and/or Plan of Care	96%	96%
Tests and/or Procedures Performed	97%	97%
Tests and/or Procedures Results	97%	97%
All EDTC Measure	96%	96%
Number of CAHs submitting	1,025	1,037

All EDTC Measure State-level Performance – Q2 2020



Go to Guides

Hospital Quality Measure Guides

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

Quality Reporting Updates Due to COVID-19

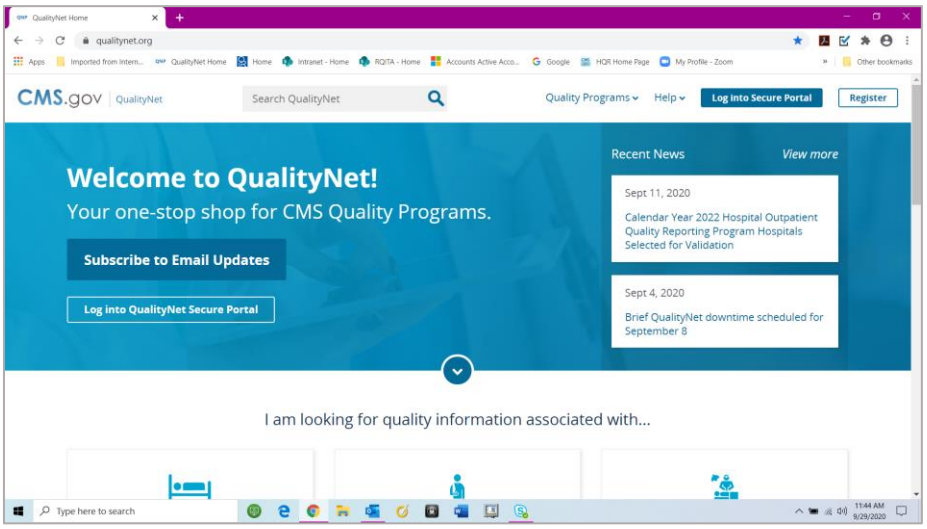
In recognition of the strain COVID-19 is putting on healthcare providers, FORHP announced exceptions for reporting. See the April MBQIP Monthly for more details. Hospitals that can report MBQIP measures are asked to continue reporting.

Robyn Quips - tips and frequently asked questions

QualityNet Updates

With frequent changes underway to the QualityNet website, make sure you are signed up for QualityNet email updates to make sure you get the current information about HARP and reporting updates.

To sign up for the emails go to the main page of QualityNet https://www.qualitynet.org/ and click on **Subscribe to Email Updates**.



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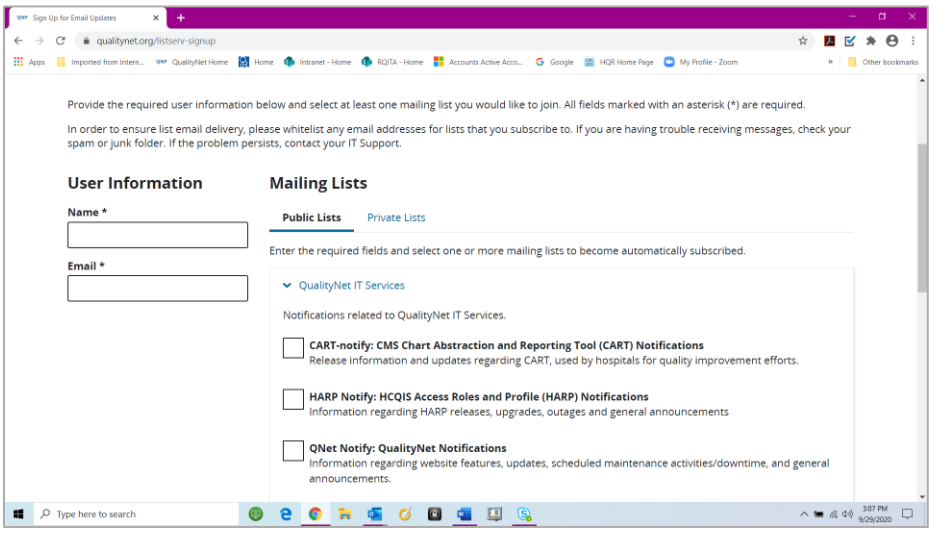

We recognize that our friends and colleagues in critical access hospitals and across the care continuum are deeply affected by the current pandemic. Thank you for the amazing and important work you do. You are appreciated!

COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually being updated. The Rural Health Information Hub is regularly updating and adding links for Rural Response to COVID-19:

- Federal and National Response Resources
- State Response Resources
- Rural Healthcare Surge Readiness

MBQIP Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Thursday, October 22, 2020, 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, but registration is required. For more information, contact Robyn Carlson, rcarlson@stratishealth.org.

Free Webinar: Implementation of Antibiotic Stewardship Activities in Critical Access Hospitals
Wednesday, November 18, 2020 3:00 – 4:00 p.m. ET - Register
Co-hosted by CDC and HRSA's Federal Office of Rural Health Policy. Leading experts will discuss implementing antibiotic stewardship (AS) activities to measure and improve antibiotic use. The discussion will stress the uptake of hospital core elements, and address overcoming barriers and practical suggestions for enhancing AS activities in critical access hospitals.

New National Health Surveillance Network (NHSN)
Influenza Vaccination Weekly Tracking Feature
Flu season is here: we all need to take the necessary precautions to stay healthy. NHSN now offers to track weekly influenza vaccination for healthcare personnel (HCP) beginning with the 2020-2021 influenza season. Reporting vaccination data weekly allows facilities to monitor the level of influenza vaccination coverage among their HCP in a timely way and act during the influenza season to increase vaccination uptake, if needed. More information and resources.

HCAHPS Vendor Guide

Updated in August 2020, this guide, from the National Rural Health Resource Center, provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) vendors to guide small rural hospital and critical access hospital vendor selection of this important, patient-centered survey process.

StratisHealth

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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