

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: Avera Holy Family Hospital, IA

The small city of Estherville, Iowa, along the north-central border, is home to [Avera Holy Family Hospital](#) (AHFH), a 25-bed critical access hospital (CAH) that serves as the sole provider in Emmet County. The hospital is one of the largest employers in their primarily older, farming community. In addition to the hospital, the campus includes a provider-based clinic, hospice, home care, emergency department (ED), surgery department (mostly general and orthopedic surgeries), and outpatient specialty clinics, among other services. AHFH is part of Avera Health system based out of Sioux Falls, South Dakota, providing patients with access to a wide range of extensive medical specialties.

Avera Holy Family Hospital is a unified team. In addition to the hospital quality director, the ED manager and trauma coordinator, pharmacy manager, infection prevention and patient safety manager, and chief clinical officer, as well as a quality director for Avera Health System all agreed that the strong mission and values of the organization are the key drivers of outstanding quality at the hospital. They also benefit from the support of the health system, which includes several CAHs across a five-state region and has a strong understanding and emphasis on MBQIP participation, as evidenced by the inclusion of MBQIP measures in the system and local quality plan.

AHFH pairs the Plan-Do-Study-Act (PDSA) model with Root Cause Analysis (RCA) to drive quality improvement (QI) efforts. Each department is expected to work on two quality measures per fiscal year with suggestions from staff and the Quality Subcommittee of the Governing Board. Progress is reviewed at staff meetings and reported on to the broader quality team quarterly. The quality team is looking into implementing huddle boards to support additional transparency and continuity regarding QI projects and outcomes.

Thanks to significant community support in the form of a capital campaign and Avera Health system's support, AHFH is home to a new ED, finished just over a year ago. The space includes four exam rooms, two trauma bays, a safe room for patients presenting with a mental health emergency, and a decontamination room adjacent to the new garage, which allows the emergency medical service (EMS) team to more easily transfer patients. AHFH has a unique relationship with the privately-owned EMS. They have worked together to hire the four local paramedics to work in the ED as full-time employees alongside the ED nurses and ED-dedicated physician

locums. The new ED facilitates easier patient flow, as staff can see into the waiting room and have a tracker that informs them of how many patients are registered and waiting. Recognizing that the Emergency Department Transfer Communication (EDTC) measure is all or none, every transfer patient chart is audited to identify improvement opportunities. The team is proud to report they have been consistently at 100% the past few months. They have also worked hard to improve the timing of EKGs for patients presenting with AMI.



In the new AHFH ED: (Left to Right) Martin Bergstrom, CCO; Ursula Nath, ED RN; Linda Adams, RN, ED Manager/trauma coordinator; Robyn Thinner, ED RN. Onscreen: Molly from eCare Services, part of the behind-the-scenes team that makes meeting the EDTC measures possible.

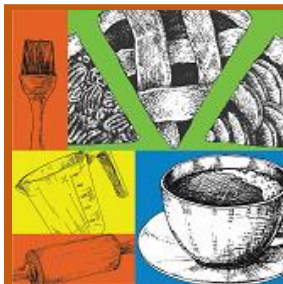
AHFH recently adopted a novel approach to improving patient experience, which recognizes and leverages the overlap across various service areas, including inpatient care, outpatient services, ED, and ambulatory surgery. Rather than focusing solely on HCAHPS, the quality department engages providers and staff across various services areas to focus on one aspect of patient experience each quarter and is working to develop reports that can be easily shared and understood across service units. Patient comments from surveys are shared with staff monthly, and the senior leadership team and Board are heavily invested in supporting efforts related to patient experience at AHFH.

Infection control and antibiotic stewardship are areas where AHFH benefits from support of the broader health system. As a

system, Avera requires employees to be vaccinated for influenza, which helps drive high performance in the health care personal (HCP) influenza vaccination measure. As a precautionary measure due to COVID, AHFH opted to deliver vaccinations to departments this year using a mobile cart rather than asking staff to assemble in a shared space. That approach worked well, and they are considering keeping it going forward.

Avera’s robust system-level antibiotic stewardship program uses infectious disease physicians and a PharmD who specializes in antibiotic stewardship. Member hospitals can consult with these experts about specific cases and learn from one another in the process. AHFH utilizes an annually updated, facility-specific antibiogram and conducts daily reviews of culture sensitivity reports for inpatients and discharged patients. Triggers in the electronic health record prompt documentation of indication and antibiotic time-outs.

Avera Holy Family Hospital’s cohesive team-based approach and strong bond with their health system will continue to provide the framework for success in the future.



AHFH’s Quality Director, Christy Mintah, 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](#).

Watch for a forthcoming QI Mentor Conversation of [Quality Time: Sharing PIE](#) (performance improvement experience) featuring Christy sharing how AHFH achieves effective communication and teamwork.

Data



CAHs Measure Up: Random Sampling

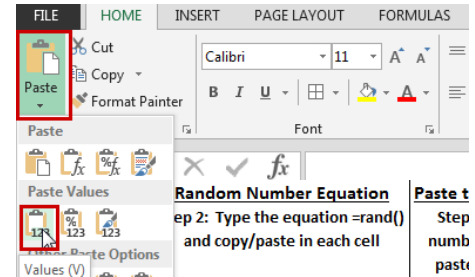
Not all CAHs use sampling – but if you have a large population for a measure, you may be interested in sampling cases so that you don't have to abstract as many! There are numerous ways to pull a random sample, but we wanted to share one Excel-based technique for random sampling with you. In the example below, a hospital is sampling records for one month of the EDTC measure, which asks for at least 15 records a month. This hospital has 25 records for this month. They could abstract all 25 but have decided that they'd like to randomly sample 15 instead.

Step 1: Identify the full population from which to sample. Enter patient IDs (or some identifier) for that population into Excel. See Column A in the image below.

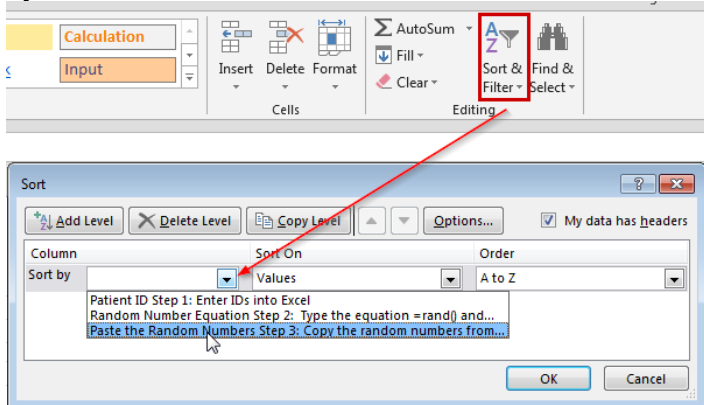
Step 2: In the next column, type the equation =RAND() in the cell next to the first patient ID. Hit enter, then copy/paste that equation into all the remaining cells in that column. See Column B in the image below.

	A	B	C
	Patient ID	Random Number Equation	Paste the Random Numbers
	Step 1: Enter IDs into Excel	Step 2: Type the equation =rand() and copy/paste in each cell	Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.369	0.047
3	A02	0.623	0.241
4	A03	0.346	0.642
5	A04	0.164	0.577

Step 3: The random numbers in Column B will regenerate. To get a snapshot of the random numbers, copy the random numbers in Column B, then paste them in the next column (Column C) using "Paste Values." See the image at right for the "Paste Values" option. (Note – the values in the column with the equation will automatically change when you copy and paste values. This is to be expected and will not affect the rest of the process.)



Step 4: Select all three columns, then Sort them by the third columns (containing the "Paste Values" version of the random numbers). The order you sort by does not matter.



Step 5: Pick the first 15 patient IDs (now that they are sorted randomly) – highlighted in the image below. These are the records to be abstracted.

	A	B	C
	Patient ID	Random Number Equation	Paste the Random Numbers
	Step 1: Enter IDs into Excel	Step 2: Type the equation =rand() and copy/paste in each cell	Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.689	0.047
3	A07	0.089	0.152
4	A08	0.110	0.176
5	A18	0.947	0.184
6	A02	0.467	0.241
7	A23	0.886	0.250
8	A15	0.817	0.251
9	A11	0.095	0.390
10	A14	0.304	0.423
11	A05	0.862	0.440
12	A04	0.678	0.527
13	A16	0.693	0.557
14	A19	0.137	0.575
15	A13	0.614	0.604
16	A03	0.134	0.642
17	A17	0.978	0.667

Tips



Robyn Quips - tips and frequently asked questions

Using CART

A couple of issues came up this past reporting quarter, so here are some reminders before submitting Q3 2020 data using the CART tool.

If you use the CART tool for data submission, make sure to check and see that you have installed the most recent version. Don't go by the dates attached to the version. You want to make sure you are using the latest version available before you start entering data. The dates attached to the different CART versions are there to let us know when you must use that version, not that you can only use that version for that date range. People see the date range and then don't update to the most current version because they aren't entering data for that time frame yet. It doesn't always happen, but on occasion, an updated version of CART is timed with changes made in the warehouse, and if you don't submit with that updated version, data can be rejected. Before you enter for Q3, check to see which CART version you have installed and update it to the latest available.

Another thing to remember with CART, your password does expire. According to the [CART Outpatient Online Help Guide](#) (scroll down to the bottom of the page, under Resources), a password change is required every 60 days. For those of you who didn't even know there was a guide, take some time to look since it can be a valuable resource. It's a must if you are downloading CART for the first time because you need to follow certain steps for the initial log-in. You can also read about the different reports that can be run from the tool. Don't be put off by the 2017 date on the Guide, the instructions for using CART haven't changed.

Since the MBQIP program currently doesn't include the inpatient chart abstracted measure, it is up to you. If you want to continue updating inpatient CART. My take is why not, then you will be ready if an inpatient measure is added.

Finally, even if you aren't ready to enter or submit data, it is a good thing to log into your CART or HARP accounts at least once a month to keep them active. It might help you to remember your passwords, or at least if you need to change it, you can do so without the added stress of a looming due date! It also helps in keeping your accounts active, so you aren't locked out due to inactivity.

Go to Guides

Hospital Quality Measure Guides

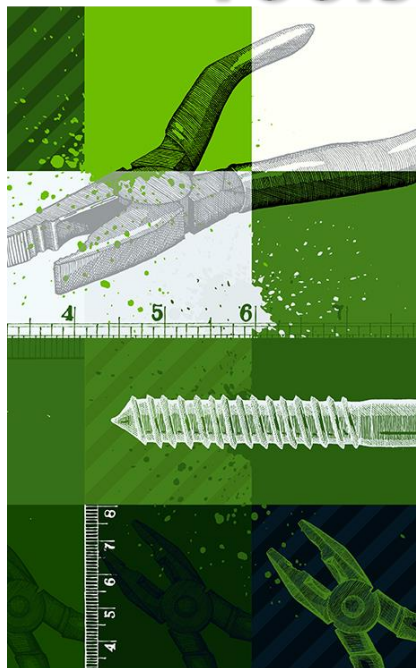
- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communication](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)



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.

Tools



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 (January registration coming in the December MBQIP Monthly)

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.

[Conversation and Action Guide to Support Staff Well-Being and Joy in Work During and After the COVID-19 Pandemic.](#) During the COVID-19 pandemic, health care leaders are working to support staff who are experiencing anxiety, stress, and intense demands. This guide, from the Institute of Healthcare Improvement, includes actionable ideas that leaders can quickly test during the coronavirus response, and which can build the longer-term foundation to sustain joy in work for the health care workforce. (Free log-in required to access)

[COVID-19 and Patient and Family Centered Care Frequently Asked Questions.](#) Addresses questions the Institute for Patient and Family Centered Care has received about how to provide care that is patient- and family-centered in the midst of the COVID-19 pandemic such as communication about changing policies, maintaining connections between patients and their loved ones.

[Influenza \(Flu\) – What You Need to Know for 2020-21.](#) The CDC addresses frequently asked questions related to flu activity, and flu vaccinations during the COVID-19 Pandemic.



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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