MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

Contact your Flex Coordinator if you have questions about MBQIP.

Find your state Flex Coordinator on the Technical Assistance and Services Center (TASC) website.

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Find past issues of this newsletter and links to other MBQIP resources on TASC's MBQIP Monthly webpage.

Quality Time: Sharing PIE: Mentors Answer Your Burning Questions

As part of Stratis Health's National Rural Virtual Quality Improvement Mentor program, critical access hospital quality improvement staff can ask the QI Mentors for solutions to their most vexing issues.

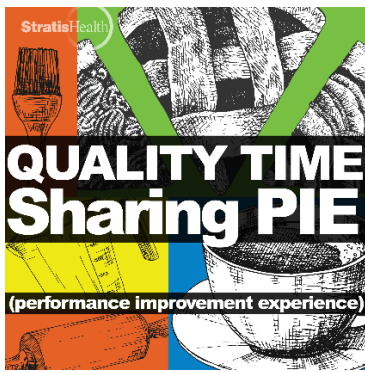Below is one quality nurse manager's "Burning Question", and responses from the QI Mentors.

Question:

As a Quality Nurse Manager, it is my responsibility to incorporate training and education into our monthly one-hour Quality Assurance/Quality Improvement meetings. I have worked in quality the past four years and find our leaders and quality participants becoming unengaged and unsupportive. The group is made up of 33 managers, directors, and administrators. I have presented multiple opportunities for ongoing quality training and education: sometimes live outside presenters, some YouTube, some PowerPoint, presentations from internal staff, and even outside professional education. The bottom line is the culture here leaves me feeling sad that quality is not important and valued. Do you have any suggestions for new-energized monthly education or steps to try next?

Mentor responses:

Brenda Stevenson, RN Quality Director, Titusville Area Hospital, PA**:**
- My Quality Committee was too large at 25. I knew things were not getting accomplished and it truly was just wasting time. I decided to scale back. I wanted to include a variety of members. This included

Did You Know?

Many of the concepts suggested by the Mentors in this article, like board and leadership engagement, effective communications and teamwork, and the importance of networking, are explored in detail in their Sharing PIE podcast episodes.

You can listen from the Sharing PIE webpage, or on the go by subscribing to the podcast version through your favorite streaming service.

managers as well as frontline staff and from different departments. i.e., Lab, Imaging, Nursing, IT, Business Office, ER, Pharmacy.

- Involving frontline staff serves multiple purposes. First they are the ones that are actually doing the work and implementing change and will have a valuable information as to what is really happening. Second, they see the need for improvement and are involved in the process. Third, they are able to "sell" the process to other staff that are not so gung-ho and get their peers on board.
- As far as education, I like to make it fun, interesting, and short. As cliché as this may sound, they like rewards. For example, we went around to departments with a simple five-question sheet on the flu. Staff could answer as a group. If they participated, I gave them a small pack of tissues, lip balm, or a small bottle of water. Even if staff didn't answer a question, they were listening and took in some information.

Amy Arnett, MS, RN, CPHQ, CPPS, Quality/Infection Prevention/Credentialing Manager, Paris Community Hospital, IL:

- I wish I could be surprised but many people/including leaders still see Quality as just another paperwork exercise. I always try to relate it back to patient safety and giving our patients the best outcomes just like you would want the best evidence-based practice for yourself or your family.

Ben Power, MS, CPHQ, Certified Lean Instructor, Quality Coordinator/Data Analyst, Barrett Hospital & HealthCare, MT:

- Leadership engagement is key – if you don't have that backing you don't have support. Understand leadership's priorities and gather evidence to show how quality impacts what is important to them.

Cindy Gilman, BSN, RN, Chief Nursing Officer/Quality, Certified Lean Six Sigma Green Belt, Carroll County Memorial Hospital, MO:

- Ask: "Where do you want things to be, and how do we get there?"
- Consistent documentation can help board and leadership engagement.

Christy Mintah, RN, BSN, Quality Improvement Supervisor, Avera Holy Family Hospital, IA:

- Pay attention to group size and leadership engagement.
- Create a standing committee of 3-4 other staff members to present.
- Create a template for easy presenting (format is flexible).

Karen Hooker, MHL, RN, CPHQ, Risk Manager & Quality Director, Kit Carson County Health Service District, CO:

- Publicly give kudos to the team for great numbers.
- Talk about the positive financial aspect of quality activities.
- Attend your local, regional, and state quality meetings and actively network. You will learn many tricks of the trade and have someone to bounce ideas off.
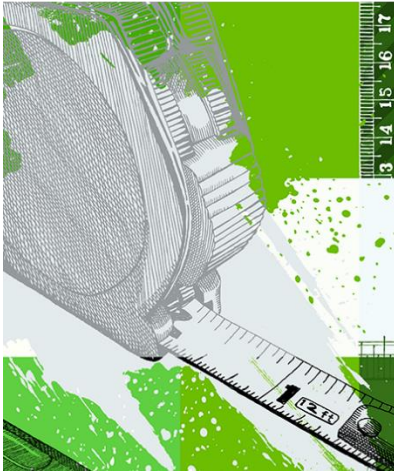

Do You Have Your Own Burning QI Question? Ask a QI Mentor.

The virtual QI mentors want to share their performance improvement experience in critical access hospitals with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this short form.

The National Rural Virtual Quality Improvement Mentor program is led by Stratis Health. Contact Karla Weng for more information.

Data

CAHs Measure Up: Monitoring HCAHPS Performance

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that provides a standardized way to measure patients' perspective on hospital quality of care. While the hospital landscape is necessarily quite different right now, patient perspectives are still important.

The map below shows an area of improvement for CAHs: Top-box performance for the Care Transition composite, by state. Although data are older (Q1 2019 – Q4 2019), this composite has historically been an area of lower performance for hospitals. The Care Transition composite is based on responses to three four-point scale questions:
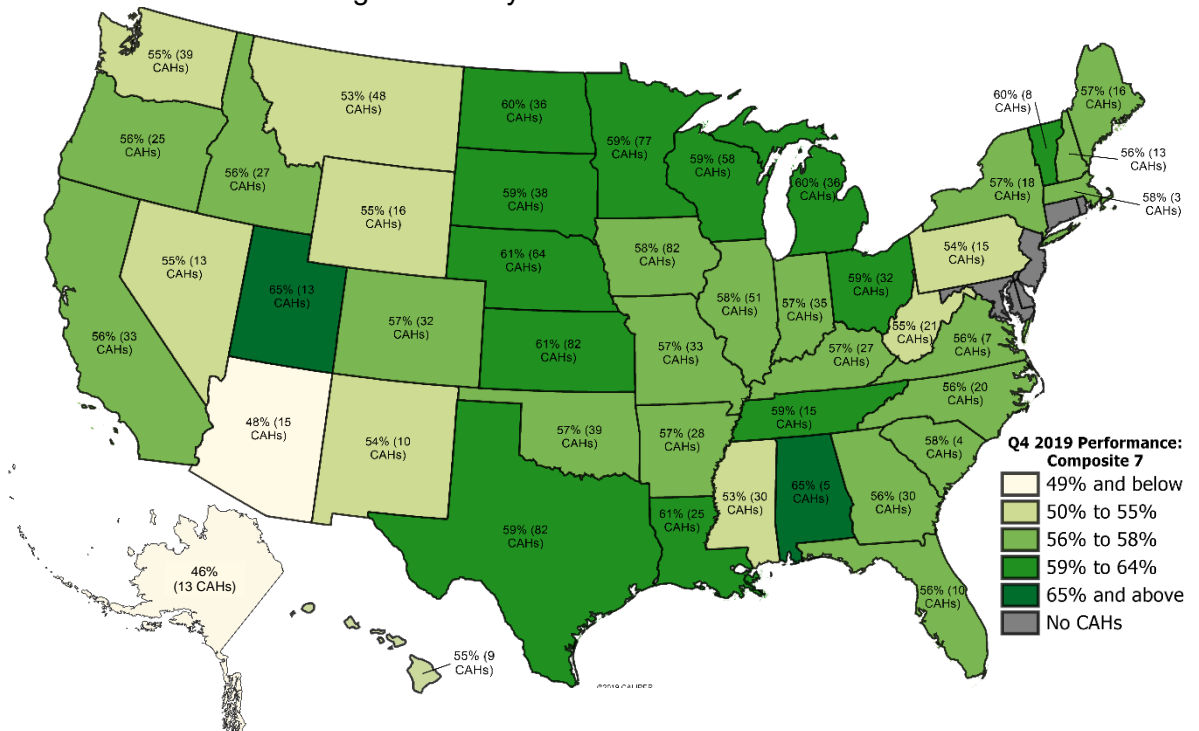
- "During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left."
- "When I left the hospital, I had a good understanding of the things I was responsible for in managing my health."
- "When I left the hospital, I clearly understood the purpose for taking each of my medications".

On November 10, 2020, CMS announced that due to the COVID-19 public health emergency, the HCAHPS Data on Hospital Compare/Care Compare will not be updated for the January and April 2021 Public Reports. The data currently on Hospital Compare/ Care Compare (October 2020) will remain in its place.

The Hospital Inpatient Quality Reporting (IQR) Program submission deadline for Third Quarter (3Q) 2020 HCAHPS Survey data has been extended from January 6, 2021 to Monday, February 8, 2021, at 11:59 p.m. CT.

The HCAHPS Data Review and Correct Period has also been extended from January 7-13, 2021 to February 9-15, 2021.
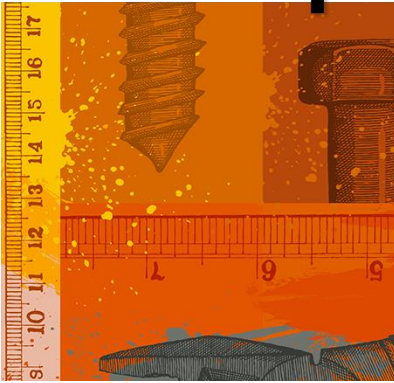
A Quality Reporting Notification regarding this extension was forwarded to organizations on December 17, 2020.

The map shows CAH top-box performance for the Care Transition Composite, by state (top-box for this composite is defined as a "Strongly agree" response to these questions). National performance for CAHs is 57 percent. Similar information for all HCAHPS measures for your own hospital and state are available in the MBQIP reports provided by your state Flex program

How is your hospital performing? Check out the Study of HCAHPS Best Practices in High Performing CAHs if you are looking for new ideas to implement. You might also consider viewing COVID-19 and Patient and Family Centered Care Frequently Asked Questions. The Institute for Patient and Family Centered Care released this resource to address questions they've 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, and maintaining connections between patients and their loved ones.

Tips

Go to Guides

Hospital Quality Measure Guides

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

Robyn Quips - tips and frequently asked questions

Data Submission Update

On December 17, CMS announced a series of deadline submission extensions in the event hospitals could not submit data or meet requirements due to the COVID-19 public health emergency. FORHP announced a similar deadline extension for CAHs that applies to Q3 2020 data submission. All MBQIP measure deadlines will be extended for one month (including EDTC Q4 data) so that hospitals can continue to focus on patient care during this pandemic.

We have updated the MBQIP Data Submission Deadlines to show the extension.

Although the submission deadlines for Q3 2020 and EDTC Q4 data have been extended, the processes for collecting and submitting this data will not change. This extension does not affect any future deadlines, so we continue to encourage hospitals to report measures as they are able since not all hospitals are experiencing the same challenges. Remember that once a data deadline has passed, there is no going back to submit that data at a later time.

FORHP will continue to monitor CMS communication on any further potential adjustments to their reporting programs and update information related to MBQIP if necessary. More information on the Q3 2020 submission deadlines extension is available on the CMS QualityNet website.

Tools

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
Tuesday, January 12, 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 of charge, but registration is required. For more information about the Ask Robyn calls, contact Robyn Carlson, 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).

Safer Together: A National Action Plan to Advance Patient Safety.
From the Institute for Healthcare Improvement and the National Steering Committee for Patient Safety, this report provides clear direction that can be used to make significant advances toward safer care and reduced harm. Includes 17 recommendations, a self-assessment tool, and an implementation resource guide. (free log-in may be required)

Case Study: Maine Hospital Speeds Patients' Admitting Time from the Emergency Department After Using AHRQ Tools.
LincolnHealth, a CAH in Maine, reduced the time it takes to admit an ED patient by 10 minutes after making changes based information gained from the AHRQ Hospital Survey on Patient Safety Culture and using teamwork strategies using TeamSTEPPS principles.