

# 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](#).

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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 quality improvement (QI) Mentors for solutions to their most vexing issues.

Below is one hospital QI professional's "Burning Question", and responses from the QI Mentors.

### Question:

*Is there somewhere for ancillary hospital departments (e.g., laboratory services, medical records, nutrition services) to get ideas for quality improvement?*

### Mentor recommendations:

- Consider things like wait times or turnaround times and patient/customer satisfaction.
- Ask ancillary departments to assess and evaluate any new or updated processes and procedures and review both old and new equipment, services, and programs.
- Look at Centers for Medicare & Medicaid Services conditions of participation, rules, and regulations. Does the department require certifications or accreditation? Are those requirements being met?
- Talk with ancillary departments about requests or suggestions from their customers, whether patients or other departments. Instead of viewing these types of comments as complaints or things that would disrupt your processes, turn them around into improvement projects that can help others, simplify workflow and increase patient and staff satisfaction.



**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](#).



**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](#).

The National Rural Virtual Quality Improvement Mentor program is led by [Stratis Health](#). Contact [Sarah Brinkman](#) for more information.

- Encourage them to consider, “Who is our customer and what do they want? Why are they doing business with us?” This could take a very different form if it’s the pharmacy, information technology (IT), maintenance, etc. Is there a regulatory customer? (e.g., CLIA for the lab); Is there an internal customer (e.g., IT ticket turnaround or initial response times).
- Review event reports for any trends and look at what issues may be coming up, such as things that impact core measures, patient satisfaction, and Department of Health regulations. For ancillary departments, this might be turnaround times in the lab and x-ray for ED patients to improve throughput times.
- Think about convening a regular meeting that includes physician office managers and ancillary departments; this will sometimes invoke a quality study.
- Meet with ancillary department directors individually and speak with them about any issues their staff has brought to them; review past survey findings. If they don’t have ideas for improvement projects, ask, “What is not going right in your department this week?” Then, walk them through turning that into a performance improvement measure. My goal is to get them to start asking me, “How do I choose the most valuable measure, instead of I don’t know what to measure.”
- Solicit ideas from other hospitals and partners and keep a running list. If an ancillary department like nutrition services or medical records does get stuck developing an idea, refer to that list to jump-start the brainstorming.

These eight experienced critical access hospital quality improvement (QI) staff from across the country are serving as virtual mentors. They share examples and advice on how to address common QI challenges in CAHs through the national rural Virtual Quality Improvement Mentor program.



**Amy Arnett, MS, RN, CPHQ, CPPS,** Quality/Infection Prevention/Credentialing Manager, Paris, IL



**Christy Mintah, RN, BSN,** Quality Improvement Supervisor, Estherville, IA



**Cindy Gilman, BSN, RN,** Chief Nursing Officer/Quality, Carrollton, MO



**Ben Power, MS, CPHQ,** Quality Coordinator/Data Analyst, Dillon, MT



**Mariah Hesse, BSN, RN, CENP,** Director of Patient Care Services, St. Johns, MI



**ArvaDell Sharp, RN,** Director of Nursing, QA/RM/IP, Cavalier, ND

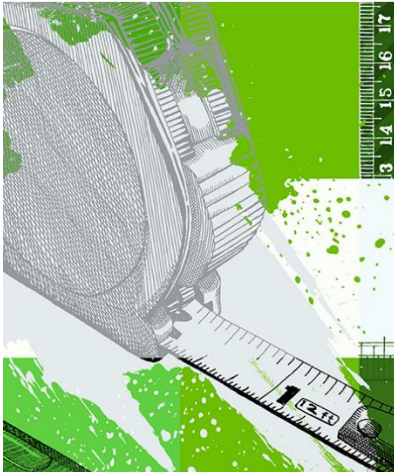


**Karen Hooker, MHL, RN, CPHQ,** Risk Manager & Quality Director, Burlington, CO



**Brenda Stevenson, RN,** Quality Director, Titusville, PA

# Data



## CAHs Measure Up: MBQIP Hospital Data Reports

Last month we released an update to the resource [Interpreting MBQIP Hospital Data Reports for Quality Improvement](#). As of 2020, MBQIP Hospital Data Reports are now being produced by the Flex Monitoring Team (FMT), and this resource reflects the changes made by the FMT to the report formats.

If you haven't already, we encourage you to take a look! The resource is intended to help CAH staff use MBQIP Hospital Core Measures Reports to support quality improvement efforts and improve patient care. Within it, you will find general examples of what to look for in your reports that can support quality improvement. You will also find details on how to interpret each type of report (Patient Safety/Inpatient and Outpatient, Patient Experience/HCAHPS, and Care Transition /EDTC) plus some targeted quality improvement tips specific to those groups of measures.

When you identify opportunities for improvement using data in your reports, consider also looking at the Quality Improvement Measure Summaries for MBQIP. This resource is part of the [Quality Improvement Implementation Guide and Toolkit for CAHs](#) and contains additional measure-specific suggested strategies and resources for targeted quality improvement efforts.

Interpreting MBQIP Hospital Data Reports for Quality Improvement

**999999: MBQIP Hospital Example**  
City, ST, 00000

Hospital-Level Patient Safety/Inpatient and Outpatient  
Quarter 4 - 2019  
Generated on 10/23/20

**Example A**

		Your Hospital's Performance by Quarter			
AMI Cardiac Care Measures		Q1 2019	Q2 2019	Q3 2019	Q4 2019
OP-2	Fibrinolytic Therapy Received within 30 Minutes of ED Arrival Number of Patients (N)	100%	N/A	0%	100%
OP-3a	Median Time to Transfer to Another Facility for Acute Coronary Intervention Number of Patients (N)	N/A	N/A	N/A	110 min

		Your Hospital's Performance by Quarter			
Emergency Department - Quarterly Measures		Q1 2019	Q2 2019	Q3 2019	Q4 2019
OP-18b	Median Time from ED Arrival to ED Departure for Discharged ED Patients Number of Patients (N)	112 min	104 min	103 min	102 min
ED-2b	Admit Decision Time to ED Departure for Admitted Patients Number of Patients (N)	46 min	54 min	50 min	45 min

"N/A" indicates that the CAH did not submit any data for this measure.  
 "I" This measure may not accurately reflect the true value of the data. Without access to population and sampling data, CAH submitted that they had no eligible patients in the required measure population (indicated as a "0" in earlier reports).  
 "R" indicates that the CAH did not have a signed MOU at the time of reporting for this time period.  
 "D/E" indicates that the data was submitted but excluded because it did not meet the measure criteria.

Interpreting MBQIP Hospital Data Reports for Quality Improvement

**Appendix A – Sample MBQIP Hospital Data Reports**

**Flex Monitoring Team**  
University of Minnesota  
University of North Carolina at Chapel Hill  
University of Southern Maine

**Hospital-Level Patient Safety/Inpatient and Outpatient MBQIP Core Measures Report**  
Quarter 4 - 2019  
MBQIP Hospital Example

Interpreting MBQIP Hospital Data Reports for Quality Improvement

**999999: MBQIP Hospital Example**  
City, ST, 00000

Hospital-Level Patient Experience Core Measures/HCAHPS Report  
Current Reporting Period: Q1 2019 - Q4 2019  
Generated on 10/23/20

Number of Completed Surveys: 21  
Survey Response Rate: 21%  
HCAHPS Summary Star Rating: N/C

**Example D**

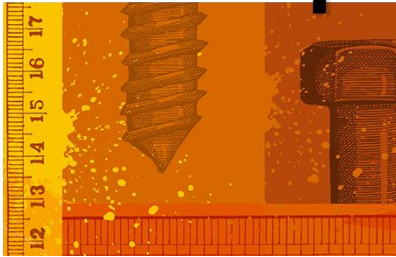
HCAHPS Composite	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data		
		Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always
Composite 1 (Q1 to Q3) Communication with Nurses	N/C	12%	8%	80%	2%	13%	85%	3%	13%	85%
Composite 2 (Q5 to Q7) Communication with Doctors	N/C	6%	14%	80%	2%	10%	87%	3%	12%	85%
Composite 3 (Q4 & Q11) Responsiveness of Hospital Staff	N/C	7%	22%	71%	3%	19%	77%	5%	18%	77%
Composite 5 (Q16 & Q17) Communication about Medicines	N/C	0%	12%	88%	13%	17%	70%	13%	17%	70%

Hospital Environment Item	HCAHPS Star Rating	Your Hospital's Adjusted Score			Your State's CAH Data			National CAH Data		
		Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always	Sometimes to Never	Usually	Always
Q8 Cleanliness of Hospital	N/C	4%	15%	81%	4%	12%	84%	5%	14%	82%
Q9 Quietness of Hospital	N/C	0%	15%	85%	5%	26%	69%	4%	27%	66%

"N/A" indicates that a CAH did not report data for each of the four quarters included in the reporting period.  
 "N/C" indicates that less than 100 surveys were returned in the reporting period so a Star Rating was not able to be calculated.  
 "R" indicates that the CAH did not have a signed MOU at the time of reporting for this period.

# Tips



## Go to Guides

### Hospital Quality Measure Guides

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



This is where data submission differs from prior years. You will not be able to submit your OP-22 data until you address the other two measures on the page. If you are not submitting data for the other measures on this site, click the box beside **Please enter zeros for this measure as I have no data to submit**. Data for OP-29 and OP-31 are not required for the MBQIP program, but in this new CMS reporting platform, you must either submit data or indicate you have no data to submit before the system will give you the option to click on **I'm ready to submit**.

Your hospital may do the procedures for OP-29 and OP-30, but if you are not submitting data for those measures, you must click on the **...no data to submit** box for the site to allow you to submit for OP-22. The new platform is set up for CMS as if the hospital is required to submit on all the measures, so the screen won't let you continue until each measure is addressed. For participation in the MBQIP program, only data for OP-22 is needed.

How to submit OP-22 is addressed in the recorded [CMS webinar on the new Hospital Quality Reporting \(HQR\) platform](#). If you watch, keep in mind that this is a CMS presentation, so it assumes that a hospital reports on all the measures. It doesn't consider that all measures aren't required for the MBQIP program.

## Robyn Quips - tips and frequently asked questions

### Submitting OP-22

The web-based measure OP-22 (Left Without Being Seen) will be due for data submission in May. If you haven't submitted data for OP-22 before, you can find the measure instructions in the QualityNet [Hospital Outpatient Quality Reporting Specifications Manual](#).

If you have submitted the data before, the data collection is the same, but where you submit it has now changed. Like the chart-abstracted measures, OP-22 is now submitted via your HARP account.

### To submit OP-22:

1. Log into HARP, and under the **Dashboard**, select **Data Submissions**.
2. Click on the **Web-based Measures** tab and select the **Data Form** option to enter your data. Your view should look like the screenshot below; payment year should be 2022, with respect to the reporting period 01/01/2020-12/31/2020.
3. Click on **Start Measure for OP-22**, enter your numerator and denominator, click **Save & Return**, which will take you back to the screen below.

The screenshot shows the 'Outpatient Quality Reporting (OQR)' interface. At the top right, there is a 'Payment Year' dropdown menu set to '2022'. Below this, a note states: 'NOTE: Proceeding with data submission will change a Providers status to Participating if they are currently Not Participating or Withdrawn'. The interface displays the following information:

- CMS Certification Number: 123456
- Submission Period: 01/01/2021- 05/17/2021
- With Respect to Reporting Period: 01/01/2020- 12/31/2020

The 'Current Submission Period' is 'Open'. A progress bar shows 'Enter' (checked), 'Preview', and 'Submit' (checked). Three measures are listed:

- OP-22** (Left Without Being Seen): Includes a checkbox for 'Please enter zeros for this measure as I have no data to submit' and a 'Start Measure' button.
- OP-29** (Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients): Includes a checkbox for 'Please enter zeros for this measure as I have no data to submit' and a 'Start Measure' button.
- OP-31 (Voluntary)** (Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery): Includes a checkbox for 'Please enter zeros for this measure as I have no data to submit' and a 'Start Measure' button.

At the bottom right, there is a button labeled 'I'm ready to submit'.

# 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, April 13, 2021, 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](mailto:rcarlson@stratishealth.org).

**New! [Project Firstline Infection Control Training Facilitator's Toolkit](#)**

It's now easier than ever to lead trainings for frontline healthcare workers. The CDC Project Firstline Facilitator Toolkit includes infection control training resources that work for a variety of learning styles and fit into busy schedules. Resources include facilitator guides, session plans, training participant booklets, and slide decks for presentations on foundational infection control topics. Training can be mixed and matched and are designed so that you do not need to have expert infection control knowledge to lead an effective and engaging training. This toolkit is ideal for preparing to present infection control training during staff meetings or other gatherings.

## Rural Healthcare Provider Transition Project Learning Opportunities

The National Rural Health Resource Center is kicking off a Health Education and Learning Program (HELP) webinar series and a four-part learning collaborative as part of the new Rural Healthcare Provider Transition Project (RHPTP) initiative. This technical assistance is tailored to guide small rural hospitals and certified rural health clinics in preparing for and positioning their organizations to be effective participants in a health system focused on value. Learn more and register for upcoming events:

- [Financial Update: Preparing for and Succeeding Under Value-Based Reimbursement Models](#) | Wednesday, April 14 - 1:00 p.m.-2:00 p.m. CT
- [Should my health organization accept a value-based payment opportunity?](#) | Tuesday, May 11 – 1:00 p.m.-2:00 p.m. CT
- [RHPTP Eligible Learning Collaborative](#) | Last Monday of each month May-August 2021 – 12:00 p.m.-1:00 p.m. CT



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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