MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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.

New Episode Now Available: Quality Time: Sharing PIE (performance improvement experience) Conversations

As part of Stratis Health's National Rural Virtual Quality Improvement Mentor program, the latest installment of Quality Time: Sharing PIE (performance improvement experience) recorded conversations is online and ready for listening!

In this series, the mentors, experienced critical access hospital quality improvement (QI) staff from across the country, come together to share PIE—their performance improvement experience. They discuss key topics that help drive quality improvement in their rural hospitals. You can hear their lessons learned, strategies, tips, and ideas. Included with each episode are supportive resources for the topic, along with one of the mentor's favorite real pie recipes!

In this session of Quality Time: Sharing PIE, QI Mentors Ben Power and ArvaDell Sharp share examples of how using "small data" can drive big improvements. You can listen from the Sharing PIE webpage, or on the go by subscribing to the podcast version through your favorite streaming service.

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.

Help Us Improve

In last month's issue we asked for feedback about how we've shared QI mentor knowledge with you, and how you'd like to receive information in the future.

If you haven't already, please take this brief survey and let us know.

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

Guest Spotlight

When You *Shouldn't* Use EHR Data For Quality Improvement

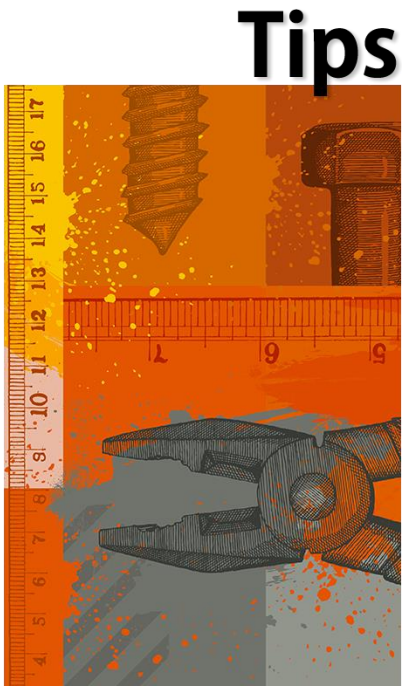
Ben Power, MS, CPHQ

With the recent explosion of electronic health record (EHR) data, we now have significantly expanded resources for quality improvement (QI). If you're like me, you've met with an improvement team and created an urgent project idea. Still, your data team had a three-month delay in developing new reports – or the data you are interested in might not even be available through the EHR. In the latest Quality Time: Sharing PIE episode, we discussed how to use data for quality improvement. Here is some expansion on what we discussed regarding measuring quality outside the EHR.

- **Shift huddles**. Do you attend these? Do these huddles address quality issues such as fall risk, skin risk, sepsis bundle compliance, insulin-related hypoglycemia risk, or other current projects you're working on? Huddles are an excellent opportunity to head off issues quickly, and a great way to be more visible and accessible. If you want to leverage huddles, it's important to minimize your time impact by ensuring the department is invested, prioritizing what's necessary, and changing your needs as projects evolve.
- **Checklists/forms**. These frequently used tools that can provide input on anything from post-fall huddles to patient transfers to adverse events. While helpful, they can also be overwhelming, so keep them clear and concise and don't overuse them. Ensure staff knows how to use them, where to put them, and when to stop collecting data. Consider using a specific color of paper for your project, so they're obvious.
- **Rounding**. I've picked up some interesting projects (such as the one I mention in the data podcast) through rounding. Take 15 minutes a day and observe the work. Ask frontline staff how things are going, how their QI project is going, or if there's anything you can help them resolve. This again increases visibility/accessibility and can turn up some project ideas. Remember to have a plan for your conversation, don't linger, and don't interrupt. They are the expert, and you're the observer.
- **Patient satisfaction surveys and PFAC input**. These sources can reveal critical areas for improvement. Although these inputs sometimes lack context, repeated mentions of problems can tell you how the facility's processes are being perceived by patients and families.
- **Internal surveys**. In a similar way, these can offer subjective insight. Our facility runs an employee survey for constructive feedback to other departments on improving confidence in their services. While useful, this type of data requires time-consuming curating to present it constructively.

All of these have in common that they all involve input from the people experiencing the work, either as a patient, an employee, or a colleague. The subjectivity of this data makes it nearly impossible to gather any other way. In addition, it involves the people doing the work in the improvement process, which is necessary for creating improvements that last.

Don't get me wrong – this data's subjectivity also means that a more structured source (such as EHR data) is ideal as a parallel quality metric. I prefer to have a process and an outcome measure, one of which is subjective and the other objective (for example, fall risk assessments completed on admission alongside fall rate, which is reported via paper forms). But should you automatically jump straight to EHR data when designing a QI project? I think other sources are equally valuable and potentially easier to collect. Data is more than zeros and ones – it's a record of experience, and all kinds of data can be useful for QI.



Go to Guides

Hospital Quality Measure Guides

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

Robyn Quips - tips and frequently asked questions

Abstracting for Accuracy

I want to remind everyone that Abstracting for Accuracy is still available for CAH participation. If you are unfamiliar, this RQITA offering is a customized abstracting review process and phone consultation that provides a hospital an opportunity to receive one-on-one education and assistance on how to abstract the MBQIP core measures.

The process consists of comparing abstraction results between two abstractors (the hospital and me) to assess the comparability of findings. This process ensures quality improvement measures are abstracted from the patient medical record consistently by all abstractors using standardized abstraction definitions. I abstract a sample of medical records which were abstracted by the hospital and perform an element-to-element comparison. This helps to identify problem areas in the abstraction process, and areas that may need further explanation or clarification. It also provides an opportunity for hospital abstractors to comment on variables that may be confusing and need more explanation. There is no cost to the hospital, and the results are only discussed between the abstractor and me.

Maybe you've been an abstractor for many years and want to make sure you have kept up with Specification Manual changes. Or perhaps you are totally new to abstracting the MBQIP measures, and the person who did it before you left and no one at the hospital has any idea of what to do. Situations such as this are great reasons for doing this abstraction review process.

This process is not just for those who do the chart abstraction directly from the record themselves. Even if your hospital has the data element information downloaded to your data entry tool, do you know that the correct information is being selected? Are the right data fields in your electronic health record (EHR) being chosen? Were the Specification Manuals instructions being followed in choosing the data field selected? During one Abstracting for Accuracy review, looking at the record, there were four different times listed for the patient time of arrival in their EHR. Since a patient can only arrive once, which one is correct and should be used for data submission?

What about the Emergency Department Transfer Communication (EDTC) measures? Is your CAH really at 100% of the data elements being "sent" on every case you have selected for abstraction? Just because you have a shared EHR that isn't an automatic 'yes' answer, you still need to make sure the data is available within 60 minutes of the patient's discharge for most of the data elements. Are you selecting the right population? This isn't just for transfers to a higher level of care or another acute care facility. Is your CAH looking worse than it should be because you answer the data element "ED Provider Note" incorrectly? The way to find out is to participate in Abstracting for Accuracy.

It's great that you're submitting data; now let's make sure it is accurate!

Review the Abstracting for Accuracy guidelines and sign up, or contact Robyn Carlson, rcarlson@stratishealth.org for more information.

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, July 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.

Updated! Project Firstline Inside Infection Control Episodes
All Inside Infection Control episodes are now live on the Project Firstline website, YouTube page, and Facebook. The videos have been updated to include new engaging features, including call-out boxes with key takeaways.

Updated! Overall Hospital Quality Star Ratings: Overview for Flex Programs and Rural Stakeholders
Provides an overview of the Centers for Medicare & Medicaid Services (CMS) Overall Hospital Quality Star Ratings including background information, rural relevant discussion/talking points, and a summary of the methodology including the recent changes made as part of the Calendar Year 2021 CMS Outpatient Prospective Payment System final rule.

Patient Trust: A Guide for Essential Hospitals
Studies have shown that patient trust in health care providers is associated with positive health outcomes. This guide, from America's Essential Hospitals, is composed of recommendations, approaches, and practical steps for building an environment that facilitates patient trust.

Toolkit To Improve Antibiotic Use in Acute Care Hospitals
Developed by the Agency for Healthcare Quality and Research (AHRQ), this toolkit uses the "Four Moments of Antibiotic Decision Making" a framework to support implementation focused on critical program areas including:

- Developing and improving your antibiotic stewardship program,
- Creating a culture of safety around antibiotic prescribing in your hospital, and
- Learning and disseminating best practices for the diagnosis and treatment of common infectious disease syndromes

StratisHealth

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