

# 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.

## New Cohort of National Virtual Quality Improvement Mentors Ready to Help with QI Challenges



Twelve critical access hospital (CAH) staff will serve for two years as the second national Virtual Quality Improvement Mentor cohort through an initiative that broadly transfers knowledge from leading CAH quality improvement staff to others across the country. The initiative is organized through Rural Quality Improvement Technical Assistance (RQITA), a program of Stratis Health supported by the Federal Office of Rural Health Policy (FORHP).

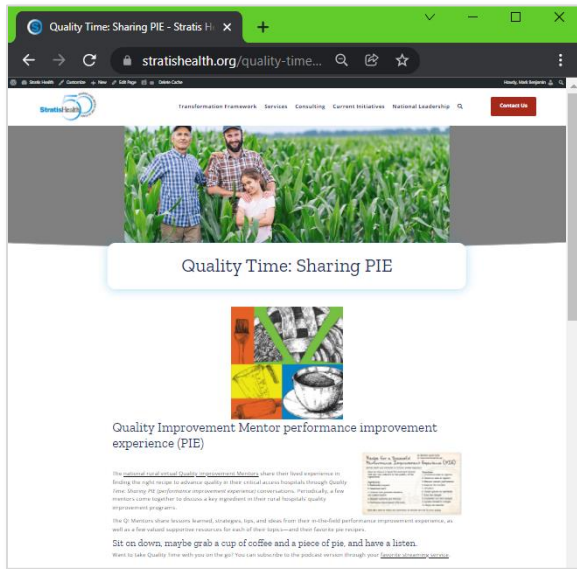
These twelve outstanding mentors were selected from a pool of candidates across the country who were nominated by their respective state Flex programs as quality improvement leaders. They each successfully report and use data to support quality improvement activities in their small rural hospitals. In addition, they represent the range of the more than 1,300 CAHs across the nation, with varying rural locations, service lines, and

patient volumes, which average 4.16 to 15 patients per day and 2,322 to 13,681 emergency room visits annually.

“Our first Virtual Quality Improvement Mentor cohort shared so many notable examples of how they successfully advanced quality in their critical access hospitals,” said Janelle Shearer, Stratis Health program manager. “We are excited to build on that success with this new group of QI leaders.”

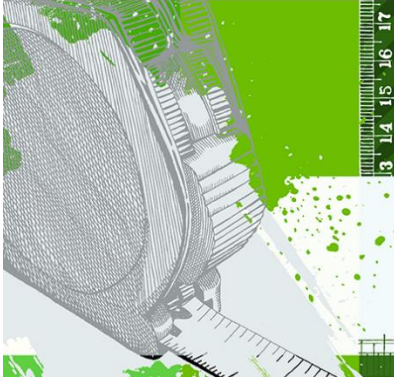
**The new Virtual Quality Improvement Mentors are:**

- Gloria Barth, Harrison County Hospital, Corydon, IN
- Caryn Bommersbach, Carris Health, Redwood Falls, MN
- Katherine Bryant, Covington County Hospital, Collins, MS
- Cara Cruz, Carson Valley Medical Center, Gardnerville, NV
- Marilyn Denno, Community Memorial Hospital, Cloquet, MN
- Stacey Karvoski, Wallowa Memorial Hospital, Enterprise, OR
- Jenifer Monzo, McKenzie Health System, Sandusky, MI
- Elly Shaw, Knoxville Hospital & Clinics, Knoxville, IA
- Tammy Suchy, Tri-County Health Care, Wadena, MN
- Katrina “Kitty” Strowbridge, Clark Fork Valley Hospital, Plains, MT
- Tammy Sudtelgte, Floyd Valley Healthcare, LeMars, IA
- Linda Webb, Pulaski Memorial Hospital, Winamac, IN



The Virtual Quality Improvement Mentors will add to the examples and advice of their predecessors on addressing common quality improvement challenges that occur in CAHs. RQITA will capture these strategies, tips, and ideas to disseminate them broadly to others serving in CAH quality roles, including through [MBQIP Monthly](#) and the [Quality Time: Sharing PIE](#) (performance improvement experience) recorded conversation series.

# Data



## CAHs Measure Up: EDTC Performance

The Emergency Department Transfer Communication (EDTC) measure has been a required MBQIP measure since 2015. Beginning with Q1 2020 encounters, the Emergency Department Transfer Communication (EDTC) measure specifications changed. The measure is now made up of eight data elements rolled up into the overall EDTC Measure. With nearly two years' worth of data using the new measure specifications now available, it's a great time to step back and look at performance among CAHs participating in the MBQIP program.

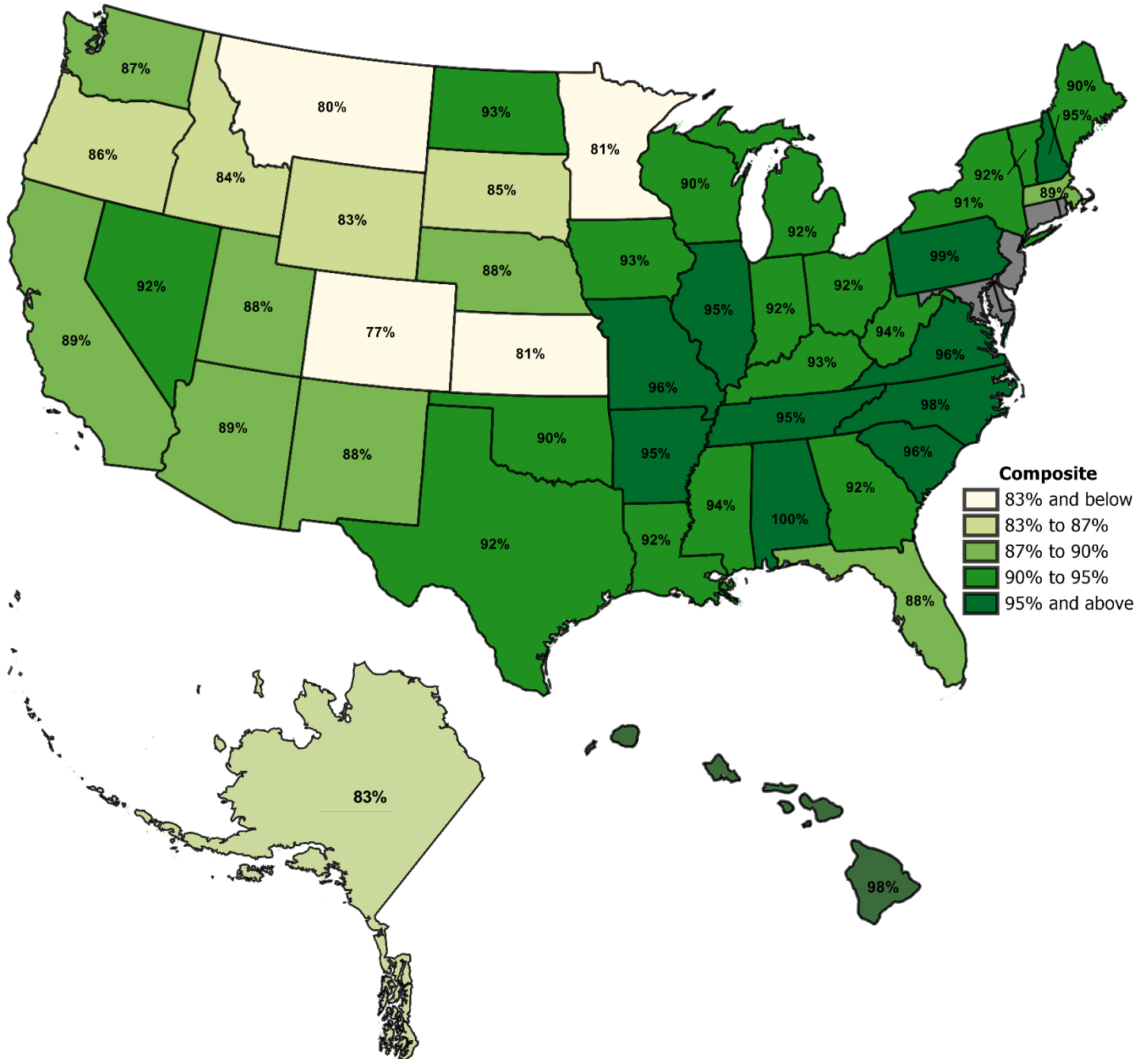
Nationally, CAHs have done an excellent job at maintaining both reporting and performance, especially in the midst of the COVID-19 pandemic. In Q1 2015, when the EDTC measure was first included in MBQIP in its original form, roughly 500 hospitals were reporting the measure. Starting with Q1 2020 encounters (the first quarter reporting using the new specifications), over 1,000 hospitals were reporting EDTC, and that number has steadily increased since. Performance data has remained stable and high, as well. The tables below show national EDTC performance data starting with Q1 2020 encounters including the composite of all eight elements (the overall EDTC measure), in addition to the individual element performance.

Timeframe/ Measure	# of CAHs reporting	Overall EDTC measure	Home Medications	Allergies and/or Reactions	Meds Administered in ED
Q1 2020	1,025	90%	95%	96%	97%
Q2 2020	1,037	90%	95%	97%	97%
Q3 2020	1,147	90%	96%	96%	97%
Q4 2020	1,159	90%	95%	96%	97%
Q1 2021	1,157	90%	95%	96%	96%
Q2 2021	1,185	91%	95%	96%	97%
Q3 2021	1,200	90%	94%	96%	96%

Timeframe/ Measure	ED Provider Note	Mental Status/ Orientation Assessment	Reason for Transfer and/or Plan of Care	Tests and/or Procedures Performed	Tests and/or Procedures Results
Q1 2020	95%	96%	97%	97%	96%
Q2 2020	95%	96%	97%	97%	96%
Q3 2020	95%	96%	97%	97%	96%
Q4 2020	95%	96%	97%	97%	96%
Q1 2021	95%	96%	97%	97%	96%
Q2 2021	95%	96%	97%	97%	96%
Q3 2021	94%	95%	97%	96%	96%

### EDTC Performance cont.

State-by-state, CAH performance varies a bit more. The map below shows Q3 2021 performance, by state, for the EDTC-Composite measure. How does your state measure up? How does your hospital's performance compare to your state's or the nation's?



# Tips



## Robyn Quips - tips and frequently asked questions



### NHSN Annual Facility Survey

It's time once again to fill out the Patient Safety Component - Annual Hospital Survey within the CDC National Healthcare Safety Network (NHSN). Filling out the survey meets the Antibiotic Stewardship measure requirements for the MBQIP program. At the beginning of each year, a new facility survey must be completed to reflect data from the prior calendar year. So, at the beginning of 2022, the hospital will complete a 2021 Annual Hospital Survey containing data from 2021. Surveys must be completed by March 1 each year.

Go to the NHSN [Annual Facility Survey resource page](#) and download the survey and instructions under Acute Care Hospitals.

### Go to Guides

#### Hospital Quality Measure Guides

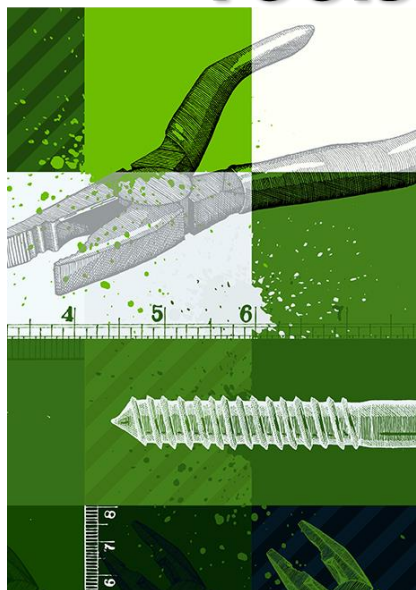
- [MBQIP Quality Reporting Guide](#)
- [Emergency Department Transfer Communications](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)

### Have An Abstraction Question?

If you've missed my Open Office Hours call and have a specific abstraction question you'd like to ask, [use this form to submit it to me](#), and I'll answer a question or two each issue in this column.

Please keep your question to abstracting/submitting data on the current MBQIP core measures.

# Tools



## COVID-19 Information

### [Build Confidence in COVID-19 Vaccines](#)

Strengthen vaccine confidence and prevent outbreaks of vaccine-preventable diseases with the CDC's *Vaccinate with Confidence*, a strategic framework. Resources include backgrounders, tips for community engagement, assessment guides, and recent reports on vaccine confidence and uptake. The reports include analyses of multiple quantitative and qualitative data sources, ranging from social listening and web metrics to immunization survey data and CDC-INFO inquiries

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

- [Federal and National Response Resources](#)
- [State Response Resources](#)
- [Rural Healthcare Surge Readiness](#)
- [COVID-19 Vaccine Rural Resources](#)

## MBQIP Resources

### Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors

**Tuesday, January 25, 2022, 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).

### [Enhancing Antibiotic Stewardship Programs in Critical Access Hospitals](#)

This recorded webinar, co-hosted by CDC and HRSA's Federal Office of Rural Health Policy, features two high-performing critical access hospital antibiotic stewardship leaders sharing implementation and enhancement tips and overviews of the University of Washington Tele-Antimicrobial Stewardship Program and The Joint Commission's upcoming revisions to their antibiotic stewardship standards.

### **Updated!** [Quality Improvement Resources for Rural Health Care Organizations](#)

This collection of resources for rural health care organizations points health care quality professionals to the most helpful introductory resources. It provides awareness of the more prominent health care quality organizations, programs, and terms.

### [Be Antibiotic Aware at Hospital Discharge](#)

Ensure appropriate antibiotic prescribing at hospital discharge through four steps outlined in the Hospital Discharge Flowchart from the CDC. Health care professionals are encouraged to improve antibiotic prescribing and use by using CDC's *Be Antibiotics Aware* [educational materials](#) and sharing them with their colleagues and patients.



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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