MBQIP Monthly

In This Issue

1 CAHs Can! National Rural Virtual Quality Improvement Mentor Profile Series: Gloria Barth

3 Data: CAHs Measure Up: Missing Data on MBQIP reports

4 Tips: Robyn Quips – tips and frequently asked questions: CMS Measure Resources

5 Tools and Resources: Helping CAHs succeed in quality reporting & improvement

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.

National Rural Virtual Quality Improvement Mentor Profile Series: Gloria Barth

This new MBQIP Monthly feature will highlight each of the 12 critical access hospital (CAH) staff currently serving as national Virtual Quality Improvement Mentors as they share examples and advice to address common CAH quality improvement (QI) challenges.

Gloria Barth, RN

Nursing is a second career for Gloria Barth, RN, Performance Improvement/Quality Assurance Manager at Harrison County Hospital (HCH), Corydon, Indiana. A former bakery deli manager and food service manager at a local school, she decided to pursue nursing to take care of her parents as they got older.

With a little over 3,000 residents, Corydon is located along the Ohio River in the southernmost part of Indiana, 20 miles west of Louisville, Kentucky. HCH serves two counties in Indiana and one across the river in Kentucky. A new facility built in 2008 combined the hospital and physician offices under one roof, improving communication. The health system/hospital also has an after-hours clinic and diabetes and physical therapy programs that offer community education options.

Gloria has spent her entire eighteen-year nursing career at HCH, her hometown hospital. However, to gain additional clinical experience early on, she worked concurrently at several other hospitals, a nursing home, and helped start a wellness clinic. She has worked in every nursing department, including medical-surgical, intensive care, emergency, and cardiac rehabilitation.

She attributes her QI success to her clinical background, relationships with staff, and firsthand understanding of the departments, having worked in many of them. Because of these factors, Gloria said she feels front-line staff are more willing to accept what she is asking them to do to improve.

Gloria manages the quality department, partnering with the chief administrative officer (CAO). The Performance Improvement Council, consisting of the CAO, chief nursing officer, a nurse practitioner, two physicians, including the Chief of Staff, a physician office manager, human resources, diagnostic imaging, and Gloria, are the Council leaders for QI

project approvals. In addition, all QI data and reporting are presented to the Organizational Performance Improvement Committee, a larger group including all department managers, and some C-suite staff. The QI program also maintains topic-specific committees, such as the Transitions of Care and Sepsis Prevention teams.

Gloria's approach is to go straight to the front line as they know exactly what is going on and the problems they are facing. For example, when identifying a problem through abstraction (data collection), she goes directly to the source. Then, she gets staff involved as part of the team responsible for figuring out how to improve. "They call me the 'getter done girl'," Gloria said.

Getting everyone involved is one of Gloria's signature successful QI strategies. For example, when she and the Fall Prevention Team noted a gradual increase in falls, she took a grant writing course, completed an application, and received a $3,000 grant to make an educational dance video for fall prevention. The video was made in Fall 2021, with over 300 staff members from all departments dancing for the video. The video has been shown to all staff and is included in orientation, so new staff understands that everyone is responsible for preventing falls in the hospital. It is also being shown to all patient admissions during the admission process.

Scene from HCH fall prevention video

To help increase post-hospitalization follow-up visits and improve communication with the patients' primary care provider, the Transition of Care team developed the Transition of Care Management (TCM) form. This form is initiated at admission to start discharge planning and education right away. It includes information on why the patient was hospitalized and their follow-up care plan and is given to the patient at discharge to bring to their physician at their first follow-up appointment.

Patients are encouraged to put it on their refrigerator until the follow-up appointment. The TCM form has been used to help close gaps in communication, as many times, patients did not know why or even share with their primary care provider that they were in the hospital. Use of the form has also increased the rate of follow-up visits, decreased the number of follow-up appointment no-shows, and decreased readmissions to the hospital. HCH physician office managers were part of the form's development and incorporated a step in the clinic process to ask patients for the form when they come for their visit. Gloria said providers love it as they are more informed about recent hospitalizations and ongoing care.

A 10–15-minute TCM huddle now occurs every morning, where new patient admits and pending patient discharges are discussed. Attending the huddle are the hospitalist, nurse, health unit coordinator (HUC), case manager, lab, respiratory, etc. The primary goal of this huddle is to get patients discharged earlier in the day by helping team members get their follow-up done sooner.

"It is one of our best ideas that is still working today," Gloria said, and has presented on the TCM form and process to other hospitals in Indiana.

Another of Gloria's initiatives has been putting up so-called "potty postings" in staff restrooms. These posters have a variety of QI information such as fall prevention tips, vaccine information, and wise quotes. She said staff regularly comment on the posting content.

Gloria shared the following advice and examples for someone new in the QI leader role:

- The data and numbers can be intimidating. Gloria suggests creating a chart for submission deadlines and not getting too overwhelmed with numbers. She said to use data, go to the front line, show your compassion, listen to the staff, and involve them in improvement efforts.
- Gloria starts every workday by rounding. She uses the rounding time to check in with staff – they will stop her and tell her what is going on related to patient care and safety. Genuinely caring and involving the front-line staff is key to success.

CAHs Measure Up: Missing Data on MBQIP Reports

Our team frequently receives questions about why hospital data may be missing for measures on quarterly Patient Safety/Inpatient and Outpatient MBQIP reports. Hospitals submit the data included on the Patient Safety/Inpatient and Outpatient MBQIP reports through a variety of reporting channels, including to the Centers for Medicare & Medicaid Services CMS (through Hospital Quality Reporting - HQR) and to the National Healthcare Safety Network (NHSN). The most common reason data are missing is that a hospital didn't submit data for a given measure in time. For example, if a hospital misses a reporting deadline to CMS for a given measure, there is no way for that measure data to be included in an MBQIP report. The table below outlines each of the Patient Safety/Inpatient and Outpatient measures that are part of MBQIP and the conditions necessary for data to be included in each quarterly MBQIP report.

Measure	Q1 2021 MBQIP Report	Q2 2021 MBQIP Report	Q3 2021 MBQIP Report	Q4 2021 MBQIP Report
AMI measure set (OP-2, OP-3)	Includes data for Q1 2021 encounter period	Includes data for Q2 2021 encounter period	Includes data for Q3 2021 encounter period	Includes data for Q4 2021 encounter period
OP-18	Includes data for Q1 2021 encounter period	Includes data for Q2 2021 encounter period	Includes data for Q3 2021 encounter period	Includes data for Q4 2021 encounter period
OP-22	No updates to data	No updates to data	No updates to data	Includes data for CY 2021 encounter period
HCP/IMM-3	Includes data for Q4 2020 and Q1 2021 encounter periods (must submit in NHSN by CMS due date)	No updates to data	No updates to data	No updates to data
Antibiotic stewardship*	No updates to data	No updates to data	Includes a final update for the 2020 Annual Facility Survey (adding data for hospitals that submitted 2020 survey in NHSN after March 1, 2021, and prior to January 1, 2022)	Includes initial data from the 2021 Annual Facility Survey (must have submitted 2021 survey in NHSN by March 1, 2022, to be included here)

Correction notice: *the previous version of this article incorrectly listed when the antibiotic stewardship measures would be included in reports; this has been corrected.*

Go to Guides

Hospital Quality Measure Guides

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

Robyn Quips - tips and frequently asked questions

CMS Measure Resources

Specifications Manuals

What are the Centers for Medicare & Medicaid Services (CMS) hospital measures? How do I know which records should be abstracted for each measure? This patient was discharged to a nursing home, so what do I enter for the Discharge Code? What does population and sampling even mean?

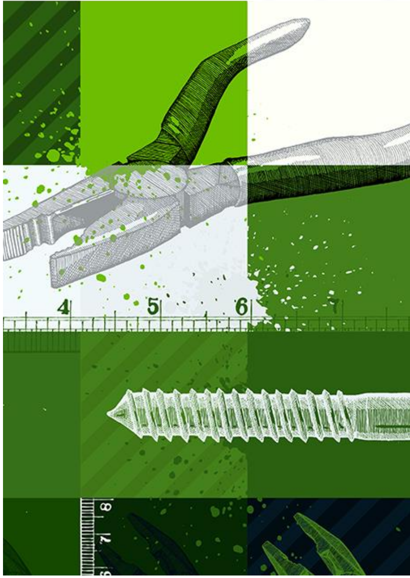
Where do you find answers to those questions? The CMS Hospital Quality Reporting Specifications Manuals. The Manuals contain uniform guidelines defining hospital inpatient and outpatient data to be collected and how data is to be reported. They contain the information necessary for abstractors to ensure data are standardized and comparable across hospitals.

It doesn't matter which tool you use to submit the data to Hospital Quality Reporting (HQR); the manuals contain the instructions that everyone should be using to determine which records need to be abstracted and how to answer the data element questions for the measure correctly.

The Specifications Manuals can be found on the QualityNet home page. Click on either the Hospitals - Inpatient or Hospitals - Outpatient box depending on which measures you are submitting. On the right-hand side of the screen is the Specifications Manual option. If you select "View all Specifications Manuals," the site will show the latest versions of the manual. Because updates to the manuals are necessary over time, find the data collection time period for which you are reporting and select the associated specifications manual.

Quality Reporting Center

At the Quality Reporting Center site, you can find resources to assist hospitals in reporting for the various CMS programs. The site has an overview of the different programs, tools and resources, and upcoming webinar events. This is also where you can locate a listing of archived events, a great spot to browse through if you are looking for educational material on a certain topic. The past events are listed with a link to the recorded session and the presentation slides. The Quality Reporting Center is located here: https://www.qualityreportingcenter.com/en/



COVID-19 Information

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, April 26, 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.

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). Calendar Year (CY) 2021 submission deadline is March 31, 2022.

Register for Upcoming Rural Healthcare Provider Transition (RHPTP)Technical Assistance Opportunities

- **Understanding and Improving Health Equity in Rural Health Care Settings: Challenges and Solutions to Address Rural Health Disparities**
  Fourth Monday of each month beginning April 2022, 1:00 – 2:00 p.m. CT
  This virtual learning collaborative (LC) will focus on challenges and solutions specific to rural health providers to support improvement in health equity and reduction in health disparities. The series will run through July 2022.
- **Population Health Information Technology Learning and Action Network**
  Wednesday's in April 2022, 1:00 – 2:00 p.m. CT
  Jump start your understanding of current trends in health information technologies and their potential for supporting rural population health strategies.

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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