MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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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.

National Rural Virtual Quality Improvement Mentor Profile Series: Katherine Bryant

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.

Katherine Bryant, RN, BSN

Katherine (Kathe) Bryant, RN, BSN, Director of Quality, Infection Prevention, and Risk Management at Covington County Hospital (CCH), Collins, Mississippi, was interested in infection prevention and pandemic preparedness long before the COVID-19 emergency. More than 10 years ago, she used the skills she learned at the Department of Homeland Security's Pandemic Response for Hospitals training in Anniston, Alabama, to prepare CCH and the community for avian flu and taught hospital staff isolation, triage, and decontamination.

This experience was vital when Kathe led CCH's COVID pandemic planning in early 2020. The hospital was the first health care organization in the south half of Mississippi to have rapid COVID-19 testing available to the public and the first to open a drive-through testing center. They also opened a COVID-19 treatment center in partnership with the city of Collins to provide monoclonal antibody treatment to COVID-positive patients, seeing 60 patients per day at one point. Mississippi recognized CCH as a COVID-19 Center of Excellence for its commitment to responding to the pandemic.

Covington County Hospital, a 25-bed critical access hospital that opened in 1951, now includes several clinics, a skilled nursing facility, and inpatient and outpatient geriatric psychiatric care services. In the lower half of Mississippi, Collins is a city of 3,000, about an hour from Jackson, the state capital. It is a beautiful rural area of rolling hills in the state's pine belt. Visitors canoe on the Okatoma River. The industry is primarily agricultural, with soybean, cotton, cattle, and chicken production, including a large chicken processing plant. An energy-related sector includes oil and gas storage facilities that distribute fuel to the east coast via pipeline.

COVID-19 testing at CCH drive-through clinic

Kathe has been at CCH for over 29 years, starting as a medical administrative assistant in the clinic setting before going on to school to receive her RN degree, then her BSN from the University of Louisiana, Lafayette. "I had a real need to be able to answer all the questions my patients asked me, and furthering my education was the best way to accomplish that goal," Kathe said. Early roles included working in medical-surgical, emergency department, labor and delivery, and geriatric psych. She started teaching CPR and neonatal resuscitation and then became the staff educator. In 2010, she was asked to develop a quality program for the hospital; the CCH Quality Program includes infection, safety, risk management, and staff development. Katherine's approach to quality improvement (QI) is enthusiasm; she said it's never boring. She credits her success to having a very supportive CEO who makes her want to be the best she can be.

At CCH, the quality management team consists of all department directors. The group meets monthly, uses a dashboard available for all staff, and shows data for all departments. Most departments have specific projects they work on during the year; some projects, such as fall prevention, are ongoing. Other projects, such as antibiotic stewardship, involve multiple departments.
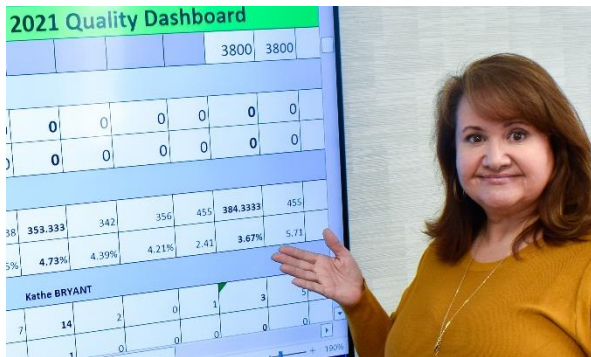
Kathe Bryant, RN, BSN, at the CCH Quality Dashboard

One of the QI projects Kathe is most proud of is preventing catheter-associated urinary tract infections (CAUTIs). "We had a real problem with providers ordering catheters for patients and nurses who wanted them for convenience," Kathe said. "Until I got the training about the serious harm catheters cause, it wasn't on my radar. Once I understood the ramifications of routine catheter use, it became very important to teach all our staff, including providers, patients, and their families, what harm can be caused by unnecessary or improperly inserted, poorly maintained, and improperly secured urinary catheters."

Kathe started a "WTF?" (Why The Foley?) campaign to stop unnecessary catheter use. The campaign included staff and provider education on acceptable indications for indwelling catheters, kill times for cleaning, sterile procedures for catheter insertions, catheter care for certified nursing assistants, and external female catheters. Her team wrote policies to empower the nurses to be proactive in getting catheters discontinued as soon as possible. In addition, they developed a process to trace each CAUTI to the catheter-ordering provider and catheter-inserting nurse. They are sent a letter telling them that a patient of theirs has developed a CAUTI, the appropriate indications for catheter use, early removal policy, and the effects a CAUTI has on patients, including cost and discomfort. The provider and nurse are asked to sign and date the letter and return it with any comments or justifications that need to be considered. A good response was received from the letters. The CAUTI numbers and catheter device days are reported monthly to the Quality Management and the Medical Staff Committees, and the data is posted on the nursing unit every month. Kathe is happy to say CCH has been averaging only one CAUTI a year for the past five years.

When asked about what advice she'd give to someone new in the QI leader role, Kathe said to be organized and prepared for every meeting, know the data, and be prepared to answer data questions. "Don't be afraid to say I don't know, but I will find out and get back to you. Being organized can make your life more controllable."

Kathe also suggests a QI leader keeps the urgency in making changes to improve. "Don't give people too much time between meeting and following up, or they lose the momentum," Kathe said. "Make a concerted effort to finish one project before starting another. Don't drag projects out—get them done."

"Quality improvement is not just the responsibility of the quality department and department directors. It's everybody's job to improve the care for the people we serve," Kathe said.

CAHs Measure Up: Ensuring Data Accuracy

Reporting your quality data is essential, but so is using your quality data for improvement efforts. If you are using your quality data to identify areas for improvement, it's also important to know that your data is accurate. That way, you aren't implementing a potentially time-consuming change when it might not be necessary or might have unintended consequences. Submitting accurate data also helps ensure that others in your state and at the federal level have adequate information to support program decisions.
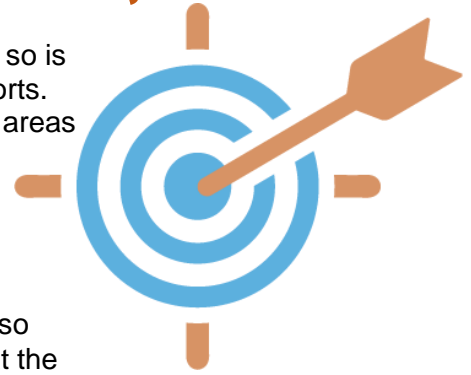
Here are a couple of common data accuracy issues to watch out for:

- **Numerator is larger than denominator.** This should never happen and is most likely caused by mistyping. The denominator should always be larger than the numerator. We commonly notice this in the EDTC data submitted to your state Flex Coordinator each quarter. For example, if your hospital has reviewed 45 records for the quarter, then it is never possible for the number of records meeting each EDTC measure to be larger than 45. The number of records meeting each EDTC measure can be any number up to and including 45, but never greater than 45.
- **Incorrect use of '0' in population & sampling.** Some hospitals share that they have no patients for some measures (particularly the AMI metrics). If this is truly accurate, it's important to submit a '0' in population and sampling to indicate your facility has no cases that meet the measure population requirements.

It is also possible to abstract records inaccurately, perhaps by incorrectly interpreting the instructions in various Specifications Manuals. This, in turn, can cause your calculated quality measures to be inaccurate. For example, it's possible to use an incorrect time when abstracting a record that contributes to a timing-based emergency department measure. This might make it appear that your hospital has longer (or shorter) emergency department wait times than is actually the case. This might happen during abstraction itself, but it is also possible that the EHR data fields you are utilizing are not those that align with the measure definition. Ensure that the data fields being pulled for the measure are being utilized as intended.

Tips

Robyn Quips - tips and frequently asked questions

Abstraction Tidbits

With Q4 2021 outpatient measure abstraction ending May 2, the starting of 2022 abstraction begins. Some may have already started, and with the switch to the new year, hopefully, you began using the correct Hospital Outpatient Quality Reporting Specifications Manual, **version 15.0a, for patient encounters from 1/1/22 – 12/31/22.**

The only way to know if instructions/specifications for the measures have changed from the prior year is to read the Release Notes accompanying each new version of the manuals. The Release Notes are found on the same pages as the Specifications Manuals in QualityNet. Since manuals come out far in advance of the date they are to be used, there can often be more than one set of Release Notes, so be sure to look and see if there are multiple sets of notes. In addition to being called out in the Release Notes document, additions are highlighted in yellow in the new manual versions. However, just looking to see what is highlighted in yellow will not show you what might have been removed. It's a nice feature, but you will miss changes if you only look for the yellow highlighting.

For those of you using the paper abstraction tools, they have been updated as well. These can be found by selecting Abstraction Resources under Data Collection and CART on the Outpatient Hospital Data Management page. Make sure to select the 2022 timeframe before printing out the tool.

Although the instructions for abstracting are the same for everyone, not all abstract the same way. Some of you might be in situations where the data from your electronic health record is submitted directly to Hospital Quality Reporting (HQR). Some might have the data downloaded directly into CART or a vendor tool, and you then submit it to HQR. Some still do the entire process manually, opening the medical record, reading through the chart to answer the data element questions, entering it in CART, and submitting it to HQR. If you are not in a situation where any of this reporting process is automated for you, you need to do it manually, and yes, this still happens for many. Not having data downloaded directly from your electronic health record (EHR) system into an abstraction tool is not a reason for not reporting. It is great if your hospital can set it up (remember you are still responsible for the accuracy of the data, so make sure it is being pulled correctly), but if you don't have the IT staff or EHR capabilities, then manual abstraction and submission is the way it must be done.

This is the last reminder before the May 16, 2022 due date - don't forget to submit OP-22, Left Without Being Seen, and HCP, Influenza Vaccination Coverage Among Healthcare Personnel!

Go to Guides

Hospital Quality Measure Guides

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

Hospital Quality Reporting (HQR) System Update Impacting Use of Internet Explorer

The Centers for Medicare & Medicaid Services (CMS) has announced that beginning on May 11, the HQR System will no longer support the use of Internet Explorer. To avoid technical issues when logging into the HQR System, CMS encourages using either Google Chrome or Microsoft Edge." If you have any questions, please contact the QualityNet Service Center at qnetsupport@hcqis.org or by calling toll-free 866-288-8912 (TTY: 877-715-6222), weekdays, 7 a.m.-7 p.m. CT.

Tools
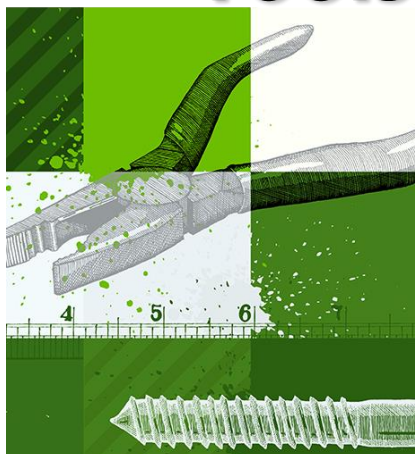
COVID-19 Information

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](#)

[**Rural COVID Vaccine Barriers and Needs**](#). The National Rural Health Association, with support from the CDC and the Federal Office of Rural Health Policy, recently released results from a nationwide survey that provides invaluable insight into rural perspectives on the COVID-19 pandemic and vaccine access.

MBQIP Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors
Tuesday, July 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.

[**The Codes of Care: How Words and Numbers Have Transformative Power for Rural Healthcare**](#). This article from the Rural Monitor highlights the opportunity and importance of translating clinical documentation into medical codes. In addition to describing how the story and quality of clinical care get translated from words into alphanumeric numbers, medical coding experts also pointed to aligned efforts to familiarize those in graduate medical education settings with the impact of their clinical documentation.

Upcoming Webinar: [**Overall Hospital Quality Star Ratings: Impact of the CMS Exception**](#)
Friday, May 13, 2022, 1:30 CT/2:30 ET
Hosted by the Quality Reporting Center, this event will provide a brief overview of the CMS Overall Star Rating methodology so participants will better understand the measure data used for the July 2022 Overall Hospital Quality Star Ratings calculations and the impact of CMS data exception for the first and second quarters of 2020 on the underlying measures used to calculate the rating.

Updated! [**HCAHPS Vendor Guide**](#)
Updated in April 2022, this National Rural Health Resource Center guide provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) vendors to guide small rural hospitals and critical access hospital vendor selection of this important, patient-centered survey process.

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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