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.

National Rural Virtual Quality Improvement Mentor Profile Series: Cara Cruz

This MBQIP Monthly series highlights 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.

Cara Cruz, BA, RN, CIC, CPHQ, Director of Risk and Quality at Carson Valley Medical Center (CVMC) in Gardnerville, Nevada, describes her approach to quality as proactive, to look for things through surveillance before they happen. An example of this is the use of controlled substances. Cara is extremely proud of CVMC's medication safety committee, which started in 2014. "We know that one in three patients has a medication error, and 86% are never reported," Cara said. "So, we have dedicated staff who actively look at controlled substances that were pulled and compared to what was documented. We look for discrepancies, then reach out to staff using a Just Culture message saying, 'we noticed the discrepancy, can you please give us your input on how to make this a better and safer process?'"

Cara Cruz, RN, CIC, CPHQ

Carson Valley Medical Center is a comprehensive community healthcare system for the Carson Valley and surrounding communities, offering a full-service critical access hospital (CAH) with inpatient care, emergency care, urgent care, surgical and outpatient services, infusion center, cancer care, wound care specialty clinic, outpatient behavioral health clinics, and five primary care clinics. The hospital structure is unique as it is considered its own entity while being co-owned by two hospitals/medical centers, including a major medical center in Reno. Several years ago, the Board of Directors recognized that the quality program needed to be built up and supported the changes to a proactive, nonpunitive environment and program. The CAH currently has 23 beds but will increase to 25 with a recently started expansion project.

Carson Valley Medical Center

Gardnerville is close to the California border, just over the mountain from South Lake Tahoe and 30 miles south of Carson City, the state capital. The city has a population of over 6,000, but the area of Carson Valley, comprised of four towns, has around 30,000. The biggest employers are the hospital, airplane part manufacturer Bently GE, and a Starbucks plant that makes and ships coffee products to stores. When asked if the town smelled like coffee, Cara said, "No, but it smells like nice fresh mountain air!"

Since 2009 Cara has worked in various roles at CVMC, such as medical-surgical and ICU nurse, float nurse, house supervisor, and now in management. Her title includes Patient Safety and Infection Control Officer and a director-level role that oversees several departments. Cara started her medical career as a unit clerk, followed by working in various roles in rehabilitation, transport orderly (the first one for the hospital), Occupational Health, radiology, and nursing assistant. She then obtained her licensed vocational nurse degree and worked in long-term care. She received her RN degree a year later and began working in the medical-surgical units as a nurse. Cara worked at Barton Memorial Hospital (South Lake Tahoe, CA) and U.C. Davis (Sacramento, CA) before coming to CVMC.

*Carson Valley Medical Center Medication Safety Committee*

The structure of the quality program is embedded through leadership and staff. For example, Cara is the quality improvement (QI) leader, and responsibility goes up to the board of directors. In addition, there are several different working committees, such as the medication safety committee, overseen by a quality council that reports to the executive level and the board of directors.

In 2017 Nevada passed the Controlled Substance Abuse Prevention Act due to the U.S. opioid epidemic and overdose rates associated with prescription drug abuse, misuse, and diversion. The CVMC Medication Safety Committee, a branch of Patient Safety, began proactively implementing best practices related to diversion in 2014. This effort aims to improve patient safety by focusing on safe administration practices and documentation. Since the committee was initiated, the hospital has uncovered five employees who have diverted controlled substances. The committee is chaired by a pharmacist who reviews all discrepancies. With each discrepancy, the involved clinician is emailed asking for their input on what happened versus what is supposed to happen and any improvement ideas that may make the process easier or safer. The nursing staff has received training on what to look for with signs of impairment, and the "see something, say something" atmosphere is encouraged. The committee oversees medication events/discrepancies for the entire organization. When the committee was initiated, the inpatient unit alone had a medication discrepancy rate of 16% (events per patient days). Currently, the average rate for 2022 is down to one percent! The efforts of this committee have vastly improved patient medication safety for the community.

Cara shared her advice to someone new in the QI leader role, "Take time to evaluate what the current program is, what they are doing, and what the organization is monitoring. Compare your findings to what might be gaps in best practice, and then determine changes based on organizational priorities and risks." She also suggested using local and state-level resources and memberships with national organizations, such as the National Association of Healthcare Quality, where she took classes and received certifications to help her as a quality leader.

Data
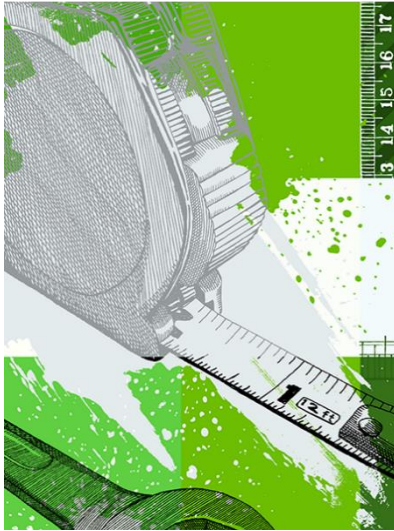
CAHs Measure Up: Prioritize Your QI Projects

It's always a reality that prioritization is necessary for implementation of effective improvement efforts. The CAH Quality Prioritization Tool, part of the Implementation Guide and Toolkit for CAHs, can help you do that. It's a simple Excel-based tool to help CAH quality and patient safety leaders prioritize and make decisions related to planning in those areas.

The CAH Quality Prioritization Tool is one of the resources listed in the Implementation Guide and Toolkit for CAHs. Click on the resource and save it to your computer or network drive.

Once you have opened the tool, you'll notice three sheet tabs along the bottom. We encourage you to review the first "Introduction and Instructions" before starting.

The screenshot below shows the second tab, "Enter Priorities," where you can add more detail for various measure areas.

Criteria Area:	Low performance based on data or recent event (weight: 4)		State, Federal or Accreditation Requirement (weight: 5)		% Patients Impacted (weight: 4)		Rating of po (weig Defined as subjectiv patient harm - prep changed per facility
Criteria weight:	4		5		4		
	Score (select from dropdown)	Score x weight	Score (select from dropdown)	Score x weight	Score (select from dropdown)	Score x weight	Score (select from dropdown)
MBQIP Core							
HCP / OP-27: Influenza Vaccination Coverage Among Healthcare Personnel	Poor performance (7 points)	28	Mandated (10 points)	50	75 - 100% patients impacted (10 points)	40	Lowest (3)
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	Fair performance (5 points)	20	MBQIP Core (7 points)	35	75 - 100% patients impacted (10 points)	40	Lowest (3)
Emergency Department Transfer Communication (EDTC)	Good performance (0 points)	0	MBQIP Core (7 points)	35			5
OP-2: Fibrinolytic Therapy Received within 30 minutes					75 - 100% patients impacted (50 - 75% patients impacted (7 25 - 50% patients impacted (5 Less than 25% patients impac		Highest (10)
OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention							7

You can select a score from the dropdown menu for each measure and criteria area. At the bottom of this page, you can enter any additional measures you might be tracking if they are not included in the tool. **You do not need to complete every row of the tool.** The tool will still work if you leave boxes blank. If you do not select a score in one criteria area for a certain measure, then you shouldn't select a score in that criteria area for any measure.

The screenshot at right shows the final tab, "Ordered Priorities". This will help you sort through what to focus on (grouped by measure area). To rank your measure from 'Highest priority' to 'Lowest priority', click on the arrow at the bottom left of the box named "Priority Rank in Group" in each measure area (see the screenshot below for an example based on the MBQIP Core Measures). Then click "Sort Smallest to Largest" to sort the measures. The smaller the number in the Rank column, the higher the priority.

	Sort Smallest to Largest
	Sort Largest to Smallest
	Sort by Color

MBQIP Core Measures	Score	Priority Rank in Group
HCP / OP-27: Influenza Vaccination Coverage Among Healthcare Personnel	130	1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)	107	2
Emergency Department Transfer Communication (EDTC)	55	3
OP-2: Fibrinolytic Therapy Received within 30 minutes	40	4
OP-3: Median Time to		

Tips

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

Take the EDTC Abstraction Quiz

The last Emergency Department Transfer Communication (EDTC) Quiz was over two years ago so it's time for another! Take the quiz below to check your abstraction knowledge. There may be more than one correct answer. Check the EDTC Data Specifications Manual if you need to brush up first. Answers will be in the July MBQIP Monthly. Good luck!

1. This is the Emergency Department *Transfer* Communication Measure, so we don't include patients who are discharged from our ED.
   a. True   b. False

2. You can choose which population you wish to abstract for the EDTC measure, so we are only picking the patients that get transferred to an acute care hospital for a higher level of care.
   a. True   b. False

3. Patients who live in a nursing home and return there after an ED visit are considered discharged to "home," so they are not included in the EDTC population for abstraction.
   a. True   b. False

4. After being seen in the ED, the patient was admitted to observation status, so would not be included in the EDTC measure population for abstraction.
   a. True   b. False

5. How many EDTC cases should be submitted each quarter?
   a. No more than 45
   b. A minimum of 45
   c. All cases for the quarter, if there is less than 45
   d. There is no requirement.

6. The definition of "sent" for the EDTC abstraction includes the following data element documentation requirements:
   a. Hard copy sent directly with the patient
   b. Communicated via phone or fax within 60 minutes of patient's departure
   c. Shared electronic health record with the receiving facility where the data entered is available the day after patient's arrival
   d. All of the above

7. The ED provider didn't sign their note before the patient left the facility so it can't be used to determine if the ED Provider Note data element documentation requirements were met.
   a. True   b. False

8. What chart documentation from the patient's ED encounter can we use to answer the EDTC data element questions?
   a. Only the Transfer Summary/Form/Sheet
   b. Just the EMATALA form
   c. Only the ED Provider Notes
   d. The entire ED record

9. Our transfer form has a check box by the statement "ED record copied and sent with the patient." This was checked off and signed by the nurse at the time the patient left the hospital. If there was documentation that all the required data elements were in the record, we can use this to answer 'yes,' the data elements were sent.

   a. True   b. False

10. A patient was transferred to another facility before culture results were back. What documentation must be in the ED record to answer 'yes' to the data element Tests and/or Procedure Results?

    a. The culture was negative, and we don't communicate negative results, so no documentation needed.
    b. Culture results will be called to the receiving facility when available.
    c. Entire ED record copied and sent with the patient.
    d. We have a shared electronic health record with the receiving facility, so the test results can be considered sent; no documentation needed.

Answers will be in the July MBQIP Monthly.

Tools
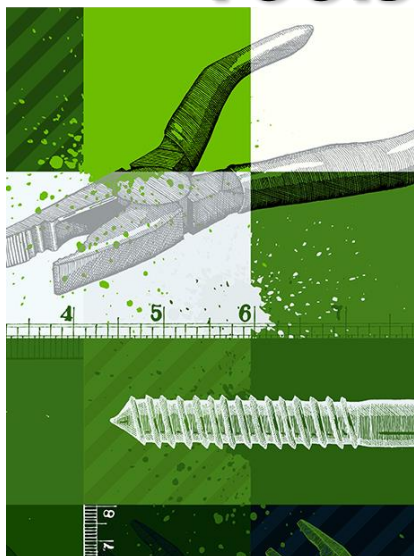
COVID-19 Information

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

HHS/DoD National Emergency Tele-Critical Care Network. A joint program of the U.S. Department of Health & Human Services (HHS) and the U.S. Department of Defense (DoD) is available **at no cost** to hospitals caring for COVID-19 patients. Teams of critical care clinicians - critical care physicians, nurses, respiratory therapists, and other specialized clinical experts – are available to deliver virtual care through telemedicine platforms, such as an app on a mobile device. Hear from participating clinicians, and email to learn more and sign up.

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.

CMS Quality Star Ratings Preview Period.
In mid-May, The Centers for Medicare & Medicaid Services (CMS) began releasing overall hospital quality star rating preview reports to hospitals and health systems. The reports, which can be previewed for 30 days, will be available until June 16, 2022. The data will be reported publicly on the Care Compare website in the July 2022. For details on accessing the hospital-specific reports, visit the QualityNet website. CMS has also posted updated star ratings specifications and FAQs. CAHs do have the option to suppress public reporting of their overall hospital quality rating, but the request must be made during the preview period. Details can be found here: Public Reporting Participation (cms.gov)

Best Practice Guide on Telehealth for Rural Areas.
The U.S. Department of Health & Human Services recently posted the guide on Telehealth.HHS.Gov. The resource includes tools to support development of a rural telehealth strategy and business plan, and information how to get started, developing a telehealth workflow, billing, preparing patients for a new way to get health care, and gaining access to internet for patients.

StratisHealth

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.