# 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: Katrina Strowbridge

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.

Katrina Strowbridge, BSN, RN, CPHQ

Katrina "Kitty" Strowbridge, BSN, RN, CPHQ, performance improvement manager at [Clark Fork Valley Hospital](#) (CFVH) in Plains, Montana, has been in health care for over 33 years. Her journey began as a certified nursing assistant (CNA) in long-term care (LTC) and critical access hospital (CAH) settings, wound through acute rehab, ICU, and back to a CAH. Her roles transformed from front-line patient care to administrative support in quality and performance improvement (PI). She has been engaged in this role for 17 years. Four years ago, she was informed by a colleague and the retiring quality manager at CFVH of the opening for her role. She accepted the position and moved to her mountain home in remote Montana. Kitty shared that she now "lives off the grid, but isn't unplugged," having all the amenities of a traditional home but powered by solar and with a satellite connection for internet access. The nearest town is 30 miles away on mountain roads, which in winter can mean a scenic hour-plus drive to CFVH.

CFVH is a 16-bed CAH with an attached LTC facility, three family medicine clinics (two that are off-site in adjacent communities), and a home care and hospice agency. The CEO is also a physician, along with 14 other providers, including physician extenders (physician assistants and nurse practitioners). Multiple services are offered, such as obstetrics, rehabilitation (OT, ST, PT), cardiac, pulmonary, and sleep rehab, diagnostic imaging, and many visiting specialists.

*Clark Fork Valley Hospital, Plains, Montana*

CFVH provides services to residents in Sanders County, a former lumber and mining area in northwest Montana bordering Idaho. The county is 2,777 square miles with a population of over 12,000. CFVH is the largest health care provider, the only hospital, and the largest employer in the county.

Plains, with a population of around 1,100, is located along the Clark Fork River. The railroad track follows the river, running through the middle of town. Kitty shared that the CFVH emergency department staff must be prepared for multiple types of emergencies, including flooding, potential derailments of trains carrying everything from timber to hazardous materials, and remote highway accidents due to the mountainous terrain and harsh winter conditions. Kitty was instrumental in re-invigorating the hospital's basic, advanced, and pediatric life support emergency training programs.

The CFVH quality program is under the medical staff and board of directors. The Performance Improvement Committee is one of the medical staff subcommittees which Kitty oversees and includes senior leaders, managers, and front-line staff. The PI Committee meets monthly to review department dashboard reports and PI projects across the organization. Kitty shared that their board of directors is very engaged. "It's always been that way – it's the culture here, the culture of team and family."



*Clark Fork Valley Hospital Performance Improvement Committee*

Kitty's approach to quality is, "It's what you do every day. It is intuitive to human nature." All employees are encouraged to initiate PI projects and seek the support of the PI Committee. Meetings are conducted creatively by offering in-person and virtual options. There is a charter process that helps to ensure that the right people are at the table.

One quality improvement (QI) project that Kitty is particularly proud of is the team's proactive work on PREV-12, the ACO depression screening measure, a new 2022 eCQM measure. In 2021, a multi-disciplinary group was formed to evaluate workflows, supporting processes, and data capture in Epic, their electronic health record (EHR) system. CFVH leveraged technology and resources within their EHR to drive performance above the Epic mean and has sustained this for two consecutive years. "In fact, we now outperform the ACO comparatively," Kitty said.

Kitty's advice for someone new in the QI leader role is "Try not to recreate, but to reach out; find your team support and where you can get help." Kitty often supports and reaches out through the Montana PI Network (PIN), an advocacy group supported and facilitated by the Montana Flex program. The PIN partners with CAHs across the state, focusing on improving health care quality. Kitty has been on the board for ten years, helping develop QI projects for the state and sharing best practices.

Kitty said of her role as a QI leader, "I love engaging my teams, guiding them through the PI process, and supporting their efforts in health care quality. Nurses can make a difference at the desk side as well as the bedside."



**Do You Have a Burning QI Question? Ask a QI Mentor.**
The virtual QI mentors want to share their performance improvement experience (PIE) in critical access hospitals with you. Have a burning question? Want to suggest a PIE conversation topic? Just submit this short form.

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

# Data
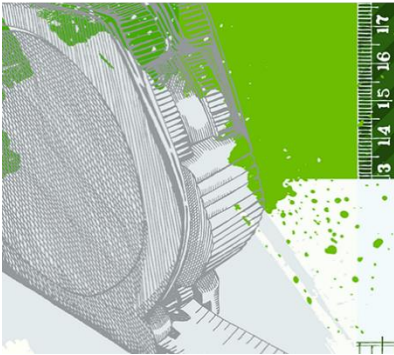
## CAHs Measure Up: Antibiotic Stewardship Program Reporting Implementation Update

As of June 2022, 1,160 CAHs participating in MBQIP had submitted the National Healthcare Safety Network's 2020 Annual Facility Survey. A total of 1,031, or 89 percent of those that completed the annual survey, have indicated that they are meeting the Core Element of Reporting for antibiotic stewardship programs as collected through the survey.

**CAHs can meet the Core Element of Reporting by indicating 'Yes' for at least one of the following six items:**

Facility leadership has demonstrated a commitment to antibiotic stewardship efforts by: **Presenting information on stewardship activities and outcomes to facility leadership and/or board at least annually.**
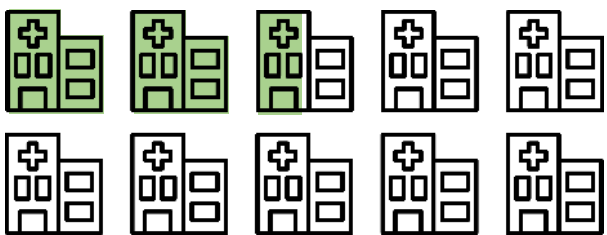
### 810 CAHS (70%)
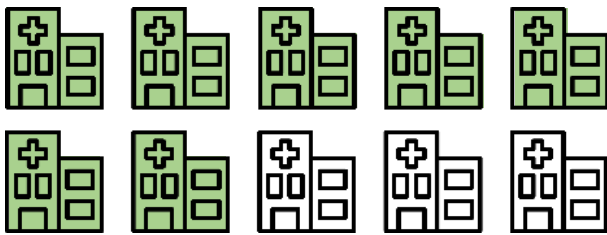
Our facility has the following priority antibiotic stewardship interventions: **Prospective audit and feedback for specific antibiotic agents.**

### 707 CAHS (61%)
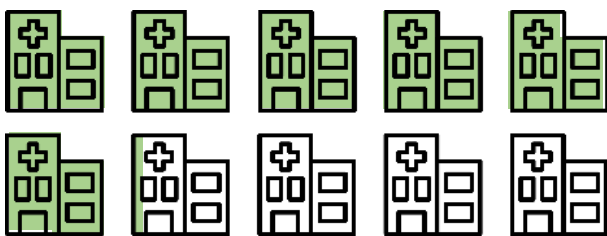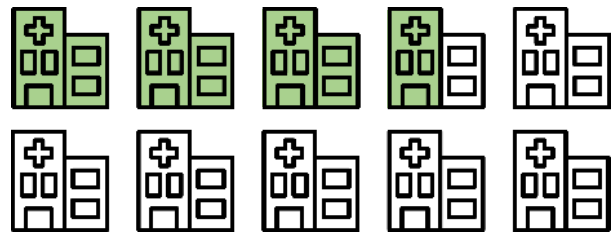
Our stewardship team provides the following reports on antibiotic use to prescribers, at least annually: **Individual, prescriber-level reports.**
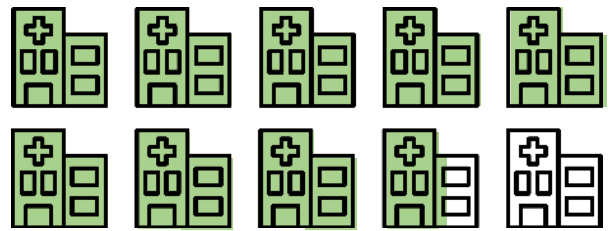
### 276 CAHS (24%)

Our stewardship team provides the following reports on antibiotic use to prescribers, at least annually: **Unit- or service-specific reports.**
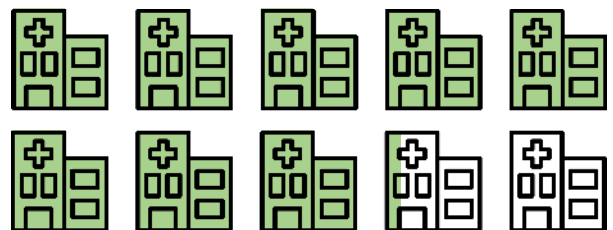
### 410 CAHS (35%)

Our facility **distributes an antibiogram** to prescribers, at least annually.

### 1001 CAHS (86%)

Information on **antibiotic use, antibiotic resistance, and stewardship efforts is reported to hospital staff**, at least annually

### 943 CAHS (81%)

In total, 69 CAHs (6%) indicate that they have implemented all six of these reporting related actions! Compare your hospital's Annual Facility Survey to what's above. How many of the reporting items has your facility implemented? What are the barriers to implementing more? Where do you want to improve?

# 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

**Influenza Vaccination Coverage Among Health Care Personnel**
Since flu season is here, it's a good time to check on your Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure. Data submission for the current flu season isn't due until May 2023 but check out your Q4 2021 MBQIP report. Have you been submitting this measure? If your CAH has been submitting the HCP measure to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), but your MBQIP report isn't showing any data, check the following:

This data must be submitted to NHSN by the CMS inpatient measure due date, which this year is May 15, 2023. NHSN will let you enter your HCP data at any time, but since the data is provided to CMS, which then, in turn, provides it to FORHP for the MBQIP reports, their deadline must be followed.

If you submitted data for last year's flu season by the May due date but still show no data for HCP, check to see if you have submitted an Inpatient Notice of Participation (NoP). CAHs should have done this as part of participating in MBQIP, but we are seeing not all have. If you haven't submitted an NoP, the CDC/NHSN does not submit your HCP data to FORHP for the MBQIP reports. Check out this CMS tutorial video on how to confirm you have completed an Inpatient Notice of Participation.

Check out the NHSN website for instructions on collecting and submitting HCP data. If you have been submitting by the due date and see you have an Inpatient NoP, but your data isn't showing on the MBQIP reports, email NHSN at nhsn@cdc.gov to ensure that the data has been submitted correctly. Put HCP data submission inquiry as the subject line to ensure your question gets to the right source at NHSN.

**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 limit your questions to abstracting/submitting data on the current MBQIP core measures.

# 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

**One-Stop Online COVID Prevention and Treatment in Every County.** Enter your county to find local COVID-19 guidance and resources.

## MBQIP and Rural Health Resources

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors**
**Tuesday, January 24, 2023, 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!* 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) 2022 submission deadline is February 28, 2023.

## U.S. Antibiotic Awareness Week is November 18-24, 2022

**4 Moments of Antibiotic Decision Making in Critical Access Hospitals**
**Wednesday, November 16, 2022, 2:00 – 3:00 p.m. CT – Register**
In this online session, co-hosted by CDC and HRSA's Federal Office of Rural Health Policy, Drs. Sara Cosgrove and Pranita Tamma from Johns Hopkins will discuss the four Moments of Antibiotic Decision Making in Critical Access Hospitals using AHRQ's Toolkit to Improve Antibiotic Use. Topics covered will include:

- Recognizing technical and adaptive changes needed to implement and sustain a successful antibiotic stewardship program.
- Identifying the four moments of antibiotic decision-making.
- Identifying evidence-based tools and resources to enhance your antibiotic stewardship program.

Continuing education for pharmacists, nurses, and physicians is pending.

**Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs**. Shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing critical access hospitals (CAHs) across the U.S.



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