

## 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.

### National Rural Virtual Quality Improvement Mentor Profile Series: Tammy Suchy

This MBQIP Monthly series highlights each of the 11 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.



Tammy Suchy, MLS

Tammy Suchy, MLS, is the Director of Quality, Risk Management, and Compliance at [Tri-County Health Care](#) (TCHC) in Wadena, Minnesota. Tammy started her health care career in the TCHC laboratory, where, she said, “Quality assurance and quality control are an integral part of laboratory operations and become second nature in that setting.” Tammy said being a non-nurse in this role works beautifully because she brings an outside perspective that has helped forge great partnerships with the nursing team over the years.

TCHC, an independent health system with a critical access hospital and five satellite clinics, is Joint Commission accredited, certified by the Minnesota Department of Health as a Health Care Home, and belongs to a local accountable care organization network. Multiple services include general and orthopedic surgery, rehabilitation with extensive outpatient physical therapy, full-service laboratory and imaging, chiropractic services, community paramedicine, and nurse midwife programs. TCHC plans to move into a new hospital building in the spring of 2023 and is rebranding to the new name of Astera Health.

TCHC is in the county seat of Wadena County, with a population of around 14,000, and provides health care services for residents in three counties. Wadena is considered the gateway to the central Minnesota resort area. Employment opportunities comprise over 200 businesses, including several manufacturing plants, a technical school, and the health system, one of the larger employers, with over 400 employees. Tammy shared that it is a wonderful community with a lot of support for the hospital's initiatives.



TCHC/Astera Health's new facility, opening Spring 2023

As the compliance officer at TCHC, Tammy reports directly to the CEO and works closely with all administrative leaders. As the quality department grew, a formal structure was created to include a quality lead (also the privacy officer), an infection preventionist, and a quality reporting and patient experience specialist, all reporting to Tammy as the Quality Director. Tammy and the team work mainly with department managers, department directors, and front-line staff on data collection and improvement projects. Multiple medical staff

committees include infection prevention, acute care, emergency and trauma, obstetrics, and quality and safety. The Environment of Care Committee reports to quality and safety and has a council for each section (safety and security management, utility management, and emergency preparedness). The councils, which are smaller groups, are the boots-on-the-ground staff that implement the improvement work and present it to the larger group.

Tammy's approach to quality is to make it a team effort, engaging teams whenever possible. When there is an opportunity for improvement, she takes it to the front line, as they are the ones doing the work. TCHC's improvement program empowers staff to identify the need and move improvements forward. The program is modeled closely after the [TCAB](#) (transforming care at the bedside) program. Tri-County has branded its program TCAT (transforming care at Tri-County). Administrators and directors are there to remove barriers so improvements can be made when needed.

"When planning a project, it is essential that all key stakeholders are identified and that communication is clear," Tammy said. "I have done projects where this is not completed. Once, during the first test of change on a large project, I had an entire department in my office asking whose idea it was and 'why weren't they told'. That was a big lesson learned, and I try to ensure all affected parties are identified now. It is easier to do this if a balanced improvement team is assembled. I have an open-door policy; if someone has a challenge or improvement idea, I want to discuss it with them and see how the quality team can help."

Tammy shared that actionable data is key to a project's success. Patient experience data is a very effective tool to drive projects related to customer service. Currently, TCHC uses its Press Ganey HCAHPS and Clinician and Group CAHPS "Likely to Recommend" data to help drive customer service scores. Organizational goals have been set for each area. If the goals are met, staff receive an incentive bonus. The data is trended monthly starting December 1 and collected through November 30. These dates were strategically selected so that when the bonus is met, the payout can happen in time for the holiday season.

Tammy's advice to someone new in the QI leader role is to work closely with your management team and never be afraid to ask questions or to seek help from external sources. "Working in the quality world is a lot of fun," she said. "Every day is different. What I love most about my job is seeing and helping staff understand how everything you do in the process is connected to the patient. There is so much synergy across the organization that drives excellent high-quality care."



### 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



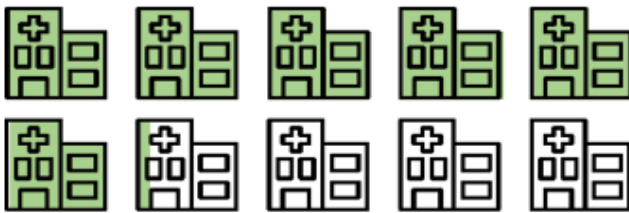
## CAHs Measure Up: Antibiotic Stewardship Program Education Implementation Update

As of June 2022, 1,160 CAHs participating in MBQIP had submitted the National Healthcare Safety Network’s 2021 Annual Facility Survey. A total of 1,144, or 99 percent of those that completed the annual survey, have indicated that they are meeting the Core Element of Education for antibiotic stewardship programs as collected through the survey.

**CAHs can meet the Core Element of Education by indicating ‘Yes’ for at least one of the following seven items:**

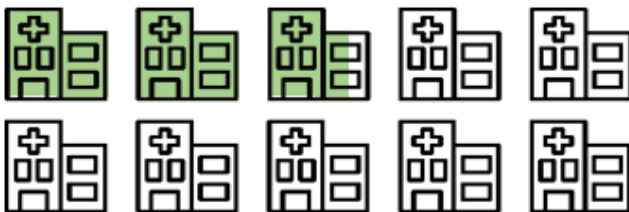
Our facility has the following priority antibiotic stewardship interventions: **Prospective audit and feedback for specific antibiotic agents.**

**707 CAHS (61%)**



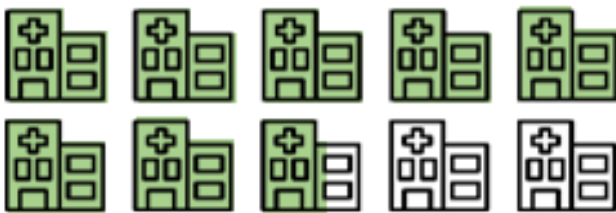
Our facility has the following priority antibiotic stewardship interventions: **Preauthorization for specific antibiotic agents.**

**324 CAHS (28%)**



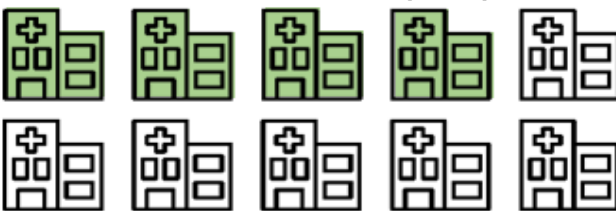
Which of the following groups receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually: **Prescribers.**

**883 CAHS (76%)**



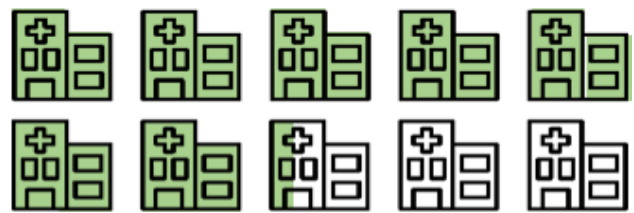
Which of the following groups receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually: **Nursing staff.**

**465 CAHS (40%)**



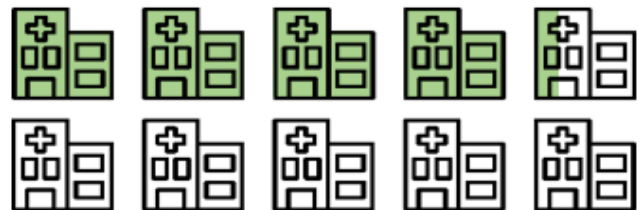
Which of the following groups receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance at least annually: **Pharmacist.**

**840 CAHS (72%)**



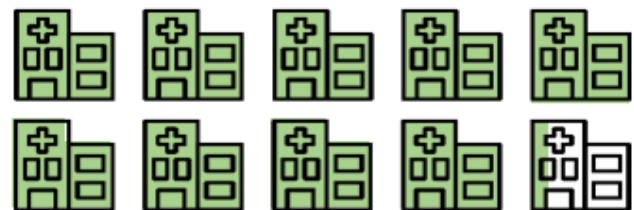
Our stewardship program uses **prescriber-level reports or Unit- or service-specific reports to target feedback to prescribers** about how they can improve their antibiotic prescribing, at least annually.

**484 CAHS (42%)**



Are patients provided **education on important side effects of prescribed antibiotics:**

**1,068 CAHS (92%)**

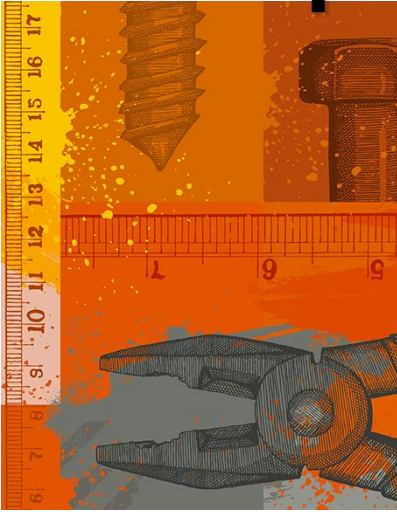


**In total, 112 CAHs (10%) indicate that they have implemented all seven of these education-related actions! Compare your hospital’s Annual Facility Survey to what’s above. How many of the education items has your facility implemented? What are the barriers to implementing more? Where do you want to improve?**



# Tips

## Robyn Quips - tips and frequently asked questions



### Abstraction and Reporting Resources

#### CMS Specifications Manuals

The CMS Hospital Quality Reporting Specifications 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 is standardized and comparable across hospitals.

It doesn't matter which tool you use to submit the data to Hospital Quality Reporting (HQR) or if you don't use a tool and have data downloaded from your electronic health record. The manuals contain the instructions that everyone needs to use to determine which records to abstract and how to answer the data element questions correctly.

The Specifications Manuals can be reached from 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 default to the latest version 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.

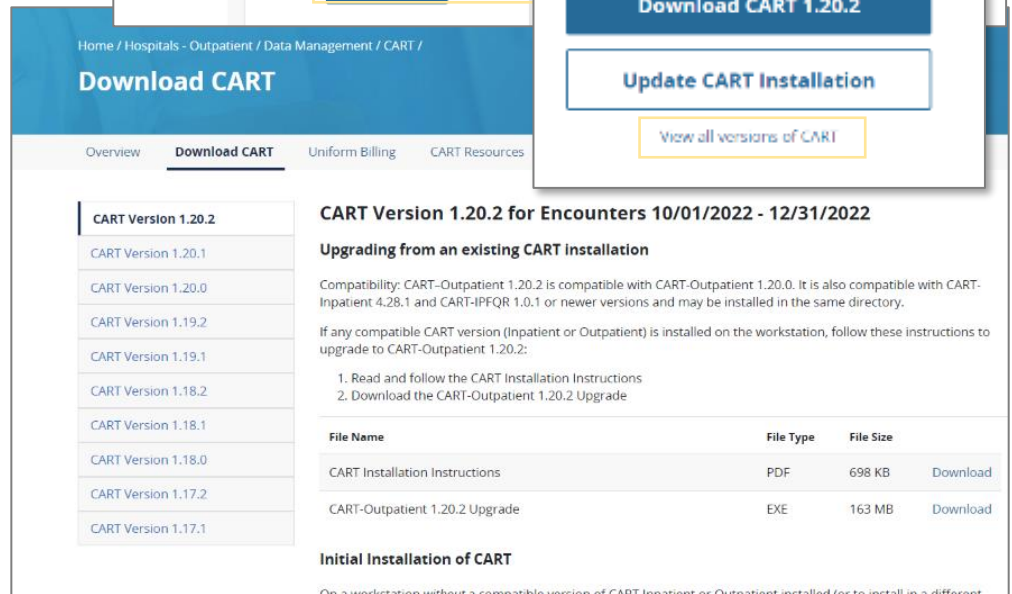
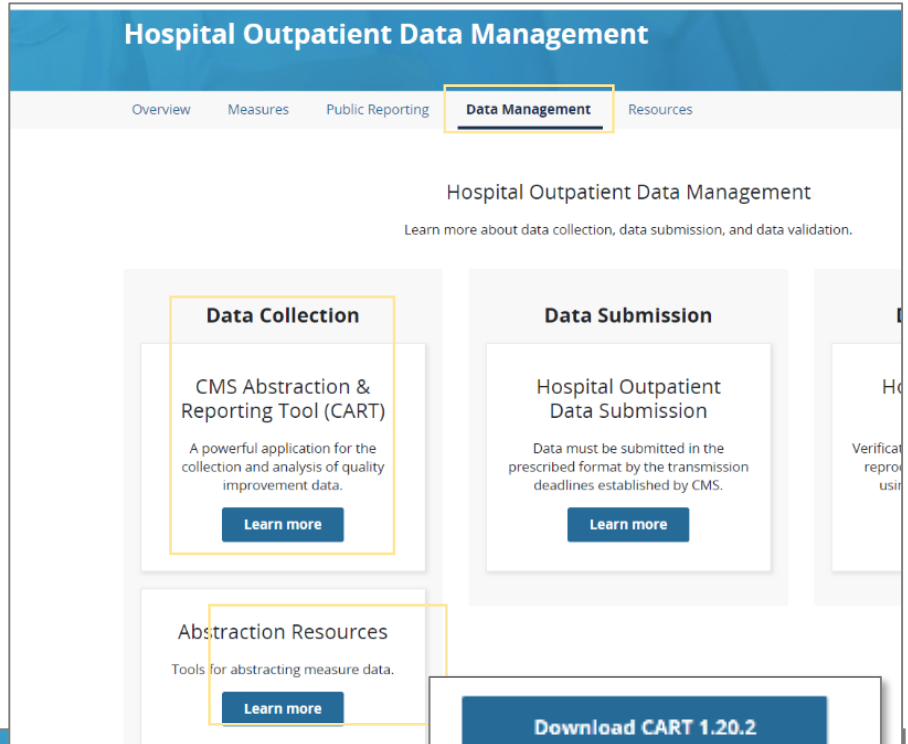
#### CART

The CMS Abstraction & Reporting Tool (CART) is an application for the collection and analysis of quality improvement data. Through data collection, retrospective analyses, and real-time reporting, CART enables hospitals to comprehensively evaluate and manage quality improvement efforts. The application is available at no charge for use on a stand-alone, Windows-based computer, in a computer network, or environments without computing resources (paper tools).

File Name	File Type	File Size	Download
Version 15.0b - Specifications Manual for encounters 01/01/22 - 12/31/22	PDF	3.3 MB	Download
Version 15.0b - Specifications Manual for encounters 01/01/22 -	ZIP	16 MB	Download

CART is also reached from the [QualityNet](#) home page. Click on either the Hospitals-Inpatient or Hospitals Outpatient box from the main page. Click on Data Management and then the Data Collection box. On the right-hand side of the screen, look for and click on “View all Versions of CART”. The CART tool versions and installation instructions will be found there. Click on the Abstraction Resources box to find the CART paper tools that can be used if you prefer to abstract on paper first rather than directly into CART.

Scroll down to the bottom of this page to find the Online Help Guide. Here you will find the step-by-step instructions on how to initially install and set up CART and run reports on the data you’ve entered.



**Go to Guides**

**Hospital Quality Measure Guides**

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

**Quality Reporting Center** [Quality Reporting Center](#) is another great CMS resource. Here is where you will find the most current resources and tools for the hospital reporting programs. There is an event calendar where you can check out upcoming webinars and an archive for past recorded sessions.



# 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](mailto:rcarlson@stratishealth.org).

## [New! Best Practices in Patient Experience at Critical Access Hospitals: Incorporating Lessons from COVID-19.](#)

This Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) best practice study includes strategies that high-performing CAHs employed to maintain the best possible health care experience for patients despite the coronavirus pandemic. It is an update to HCAHPS approaches collected from high-performing CAHs across the U.S. during focus group interviews conducted in late 2016.

## [Rural Health Equity Toolkit.](#)

From the Rural Health Information Hub, this toolkit compiles evidence-based frameworks, promising strategies, and resources to support organizations working toward health equity in rural communities across the United States.

## **CMS Seeking Volunteers for Focus Group on Use of Disparity Methods in Inpatient and Outpatient Quality Reporting Programs.**

In Spring and Fall 2022, the Centers for Medicare & Medicaid Services (CMS) provided facilities with Facility-Specific Reports (FSRs) and Hospital-Specific Reports (HSRs) for measures in the Outpatient Quality Reporting (OQR) and Inpatient Quality Reporting (IQR) programs that included confidential information, for some measures, on their performance by patients' dual eligibility status and/or race and ethnicity. CMS would like to solicit stakeholder feedback on facilities' ability to interpret and action the disparity information provided in their FSRs and HSRs and identify reporting improvements facilities are interested in. To solicit stakeholder feedback, CMS, via its subcontractor, the Yale Centers for Outcomes Research and Evaluation (CORE) will hold a one-hour Focus Group session later this year. [Register for Disparities Focus Group](#)



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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