

MBQIP Monthly

Medicare Beneficiary Quality Improvement Project



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

In This Issue

1 CAHs Can! QI Mentor Stories – Implementing Successful Fall Prevention Strategies

3 Data: CAHs Measure Up: Centers for Disease Control and Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship Programs

4 Tips: Robyn Quips – tips and frequently asked questions: Data Submission Reminders

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.

CAHs Can! QI Mentor Stories - Implementing Successful Fall Prevention Strategies

This MBQIP Monthly series highlights each of the 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

Preventing falls can be challenging. National QI mentors Gloria Barth, performance improvement/quality assurance manager at [Harrison Country Hospital](#) in Croydon, Indiana and Jen Monzo, director of quality and risk management of [McKenzie Health System](#) in Sandusky, Michigan discuss in this [recorded conversation](#) how they implemented successful fall prevention strategies at their CAHs. Gloria shares how the team at Harrison Country Hospital involved all departments in creating a fun [fall prevention video](#) that is used as a staff educational tool. And Jen shares tangible resources that the team at McKenzie Health has found useful, including a [falls audit tool](#) and the [John Hopkins Fall Risk Assessment Tool](#).

You can read more about Jen and Gloria as QI leaders in their [MBQIP Monthly](#) mentor profiles. Jen shared that her approach to quality is digging into the data in the [September 2022 edition](#) and, as in the fall prevention video, Gloria spoke about her love for getting everyone involved in quality improvement in the [March 2022 edition](#).



Jenifer Monzo

Recipe for a Successful Performance Improvement Experience (PIE)

The [National Rural QI Mentors](#) recommend utilizing the PIE recipe as a framework for ensuring quality improvement projects have all the necessary ingredients and follow the appropriate steps (directions) for a successful outcome.

In Gloria and Jen’s QI story, the key ingredients highlighted are **committed staff** and **continuous improvement with data**.

QI Mentors share more
at www.stratishealth.org

Recipe for a Successful Performance Improvement Experience (PIE)

Serves: Staff and Patients

Bake: As long as it takes for excellent results. This may vary relative to the quality of the ingredients.

<p>Ingredients*:</p> <ul style="list-style-type: none"> - Administrative and clinical leadership support - Committed staff - Culture that promotes teamwork, communication, and accountability - Engaged patients and families - Continuous improvement with data 	<p>Directions*:</p> <ol style="list-style-type: none"> 1. Identify opportunities for improvement 2. Prioritize and select area to improve 3. Measure current performance 4. Analyze the problem 5. Choose strategies 6. Set process and outcome goals 7. Plan the change(s) 8. Implement change(s) 9. Study results 10. Adapt, adopt, or abandon change(s) 11. Monitor results 12. Sustain improvements 13. Enjoy the results!
--	---

*Note: PIE is best enjoyed with the right people at the table.

*Note: May need to tweak the directions if results are not to your liking.

Data



CAHs Measure Up : Centers for Disease Control and Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship Programs

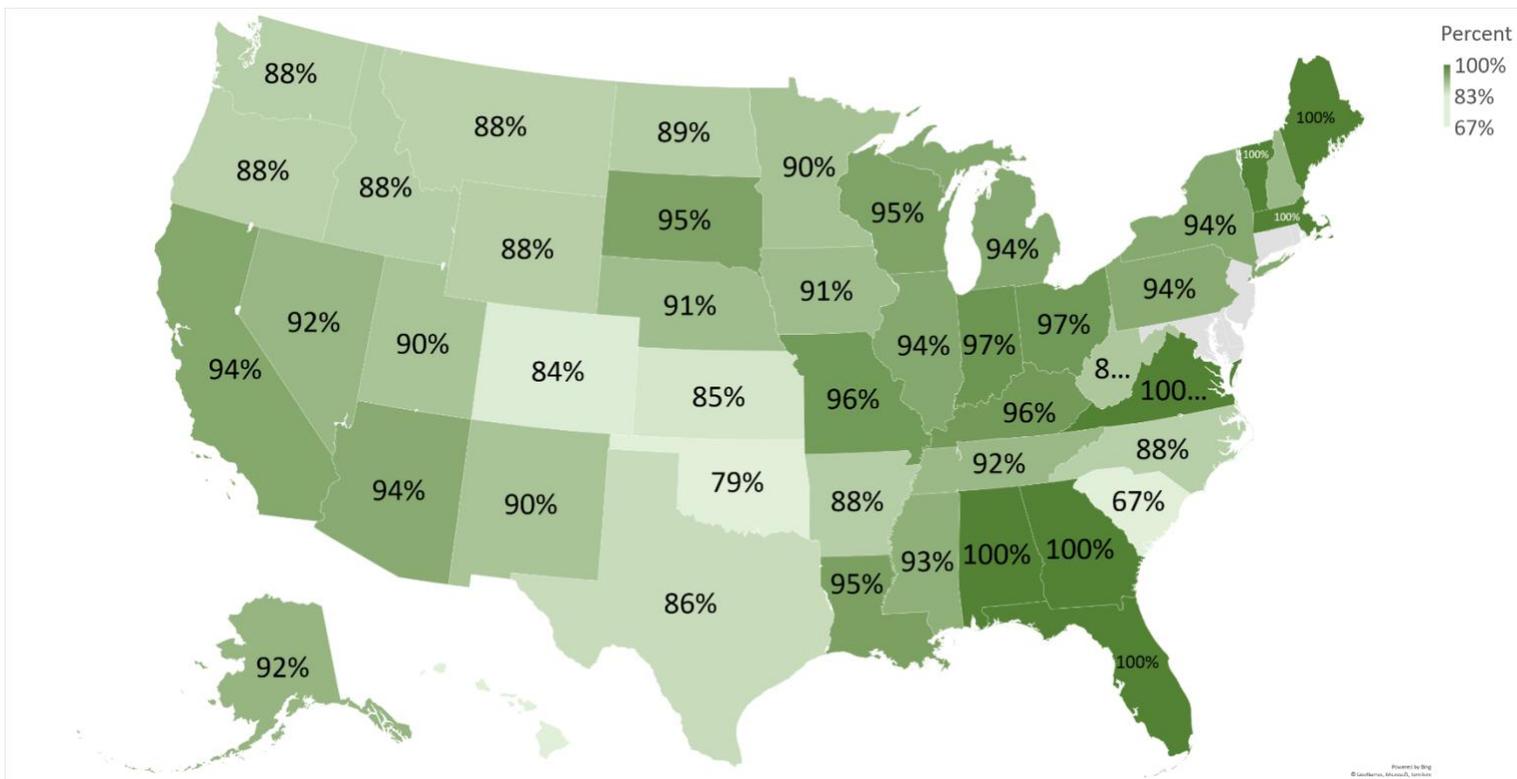
Each CAH is expected to implement an antibiotic stewardship program. The extent to which an antibiotic stewardship program is implemented is measured using data hospitals submit via the CDC National Healthcare Safety Network (NHSN) Annual Facility Survey. The survey tracks whether hospitals have indicated that they have met all seven of the Centers for Disease Control and Prevention (CDC) Core Elements of Hospital Antibiotic Stewardship Programs: leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

An essential first step for CAHs is to complete and submit the NHSN Annual Facility Survey. Ideally, this will be submitted annually via NHSN between when the survey is released in January and March 1 to reflect your hospital status for the previous calendar year. For example, in 2023, facilities

completed the survey based on what occurred in 2022.

1,250 CAHs participating in MBQIP have submitted the Annual Facility Survey in 2023 with 89% meeting all the Core Elements. This is an improvement from 2019 when there were 79% of CAHs meeting all seven antibiotic stewardship core elements. The map below shows the percent of hospitals in each state indicating that they are meeting all seven core elements. States shown in gray do not have critical access hospitals.

Is your hospital among the CAHs in your state that are meeting the Core Elements? How many core elements of hospital antibiotic stewardship programs has your CAH implemented?



Tips



Go to Guides

Hospital Quality Measure Guides

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



the data you submitted did not make it to the HQR system. Something must have gone wrong with your submission so try again. If that still doesn't show any data, you can contact the [QualityNet Service Center](#) for assistance.

Robyn Quips - tips and frequently asked questions

Data Submission Reminders

If you chose to first submit your data to Hospital Quality Reporting (HQR) under **'Test'** make sure you go back and resubmit under **'Production'**. Even if it gets accepted when submitted under Test, CMS does not count that data as being submitted. It is just a test to see if you have the submission process correct. You must submit data under Production for it to be counted as being submitted for the quarter and made available for your MBQIP Data Reports.

To make sure your data was accepted, always run the Case Status Summary Report. There are other reports that can be run from HQR, but they contain information that might not be applicable to CAHs. The Case Status Summary Report only contains information on the data you submit for the quarter you choose - did it get to HQR and was it accepted or rejected. Even if you get emails or notices that your **files** were accepted, run this report to make sure the **cases** were accepted. You don't want to do the work and not have it be counted.

To Run the Case Status Summary Report:

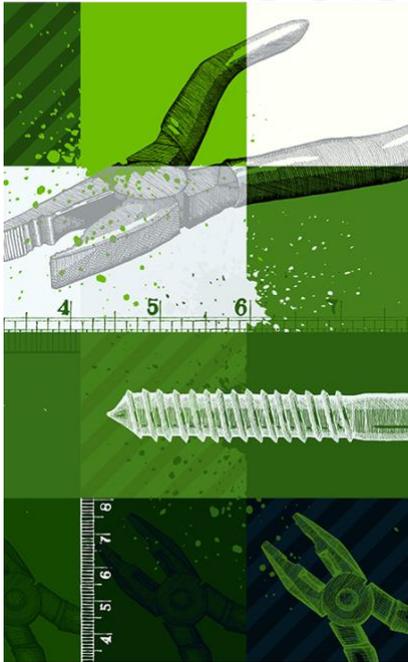
1. Log in to HQR via your HARP account.
2. Under the Dashboard on the left-hand side of the screen, select **Data Results** and **Chart Abstracted**.
3. Select the **File Accuracy** tab.
4. Under **Program** chose **OQR** (Outpatient Quality Reporting).
5. Under **Report** select **Case Status Summary**.
6. Under **Encounter Quarter** select the quarter for the data you have just submitted.
7. Click on **Export CSV**.

Your report will appear in an Excel format showing the number of cases that made it to HQR for each measure submitted and the number of cases accepted and/or rejected.

If your Case Status Summary Report shows cases have been rejected, run the Submission Detail Report. This report will show you why your cases have been rejected. To run the report, follow the above steps but select **Submission Detail** as your report.

If your Case Status Summary Report shows no data fits the criteria, then the data you submitted did not make it to the HQR system. Something must have gone wrong with your submission so try again. If that still doesn't show any data, you can contact the [QualityNet Service Center](#) for assistance.

Tools



MBQIP and Rural Health Improvement Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, July 25, 2023, 2:00 – 3:00 p.m. CT – [Register](#)

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will offer open office hours 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

[National Action Alliance to Advance Patient Safety - Webinar Series](#)

The Agency for Healthcare Research and Quality (AHRQ) has established the National Action Alliance to Advance Patient Safety as a public-private collaboration to improve both patient and workforce safety, and is hosting information webinars from a variety of Federal Partners:

- July 25, 2-3 p.m. ET: [Involving Patients and Families in Safety](#) (sponsored by AHRQ).
- August 22, 2-3 pm. ET: [Engaging Boards and Executive Leadership in Safety](#) (sponsored by the Centers for Medicare & Medicaid Services).

Applications Open! [Rural Healthcare Provider Transition Project](#)

The Rural Health Care Provider Transition Project (RHPTP) is designed to help strengthen your organization's foundation in the key elements of value-based care, including efficiency, quality, patient experience, and

safety of care. Small rural hospitals and certified rural health clinics are encouraged to apply. Applications are accepted on a rolling basis with a deadline of August 15, 2023. Additional details regarding the RHPTP application process, scoring, and selection process can be found in the [2023 - 2024 Application Interview and Process Guide](#).

[Serious Illness Messaging Toolkit](#)

This research-based toolkit is designed to capture public interest, bypass misconceptions, and increase the demand for serious illness care by changing how the public views advance care planning, palliative care, and hospice care.

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 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.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$740,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official view of, nor an endorsement, by HRSA, HHS or the U.S. Government. (July 2023)