

# 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](#).

Find past issues of this  
 newsletter and links to  
 other MBQIP resources  
 on TASC's [MBQIP Monthly](#) webpage.

## CAHs Can! QI Mentor Stories - Reducing Avoidable Hospital Readmissions

*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.*



Tammy Sudtelgte  
 Quality Improvement and  
 Utilization Review  
 Coordinator

Reasons for hospital readmissions are often complex and multifaceted and need to be addressed using multiple strategies and interventions.

National QI mentors Tammy Sudtelgte ([Floyd Valley Healthcare](#), Le Mars, Iowa), Stacey Karvoski ([Wallowa Memorial Hospital](#), Enterprise, Oregon), and Linda Webb ([Pulaski Memorial Hospital](#), Winamac, Indiana) share in this [recorded conversation](#) about their varied focus areas and approaches their hospital teams have used to reduce avoidable hospital readmissions.



Stacey Karvoski  
 Quality Improvement  
 Director / Risk Manager

As Linda's team worked to reduce heart failure readmissions, they used the [Heart Failure Zones](#) patient and family/caregiver education tool to help patients know how to manage their symptoms. In addition, they used several tools to dig into reasons for readmissions, including the [Readmissions Discovery Tool](#) developed by Cynosure Health, and the [Patient Interview/Readmission Chart Review](#) tool, which the team created after reviewing a number of additional resources.



Linda Webb  
Chief Nursing Officer

To learn more about Tammy, Stacey, and Linda as QI leaders and their approaches to quality, read about each in their [MBQIP Monthly](#) mentor profiles. In the [January 2023 edition](#), Tammy shared how her approach to quality is collaborative and uses a coaching style as she helps others find the 'spark' for QI. As in her readmissions reduction story, Stacey shared in her profile in the [August 2022 edition](#) how she takes a "group approach" to quality. And in the [February 2023 edition](#), Linda shared how being proactive is a strategy used at Pulaski Memorial Hospital to prevent errors from occurring in the first place.

## 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 the recorded conversation, each mentor discusses and provides examples of the key PIE ingredients used in their readmission efforts. They are a culture that promotes teamwork, communication, accountability, committed staff, and engaged patients and families.

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



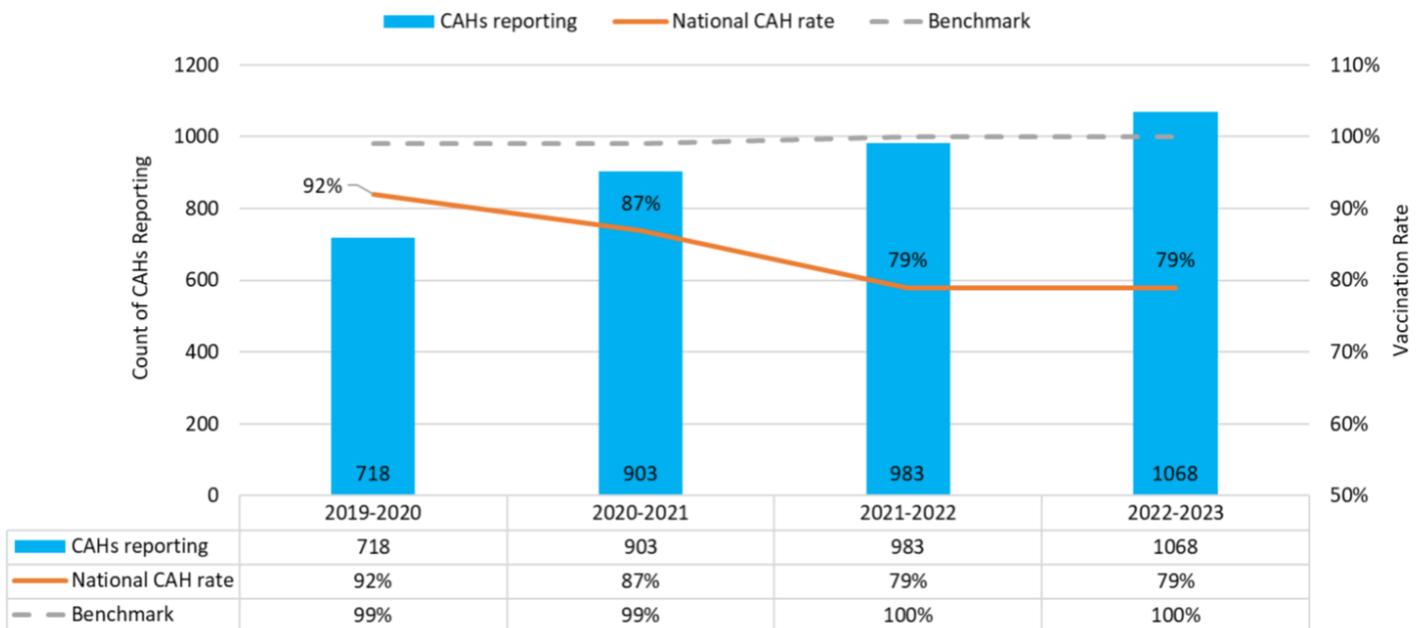
## CAHs Measure Up: Influenza Vaccination Coverage Among Healthcare Personnel

Receiving an influenza vaccination is essential both for patients and health care professionals. Throughout the program’s history, two influenza-related measures have been part of the MBQIP Core set:

- IMM-2, or influenza immunization for patients, was reported for many years. It was retired/removed from CMS reporting after Q4 2018 data was submitted. Since then, IMM-2 rates are not included in MBQIP Data Reports because the measure can no longer be reported to CMS. However, immunizing patients is still important, and we encourage you to track this data on your own!
- HCP/IMM-3, or influenza vaccination coverage among healthcare personnel, is reported annually via the Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN). The most current HCP/IMM-3 rate is on the fifth page of the Q4 2022 MBQIP Patient Safety and Outpatient Data Report. The numbers represent vaccinations given during the 2022-2023 influenza season (October-March).

The graph below shows the influenza season national rates for HCP/IMM-3 over the past four years. (CAHs that did not report do not contribute to the state rates.) HCP/IMM-3 had a 79% national average immunization rate in the most recent reporting season. This is a decline from an 87% national average rate in the 2020 – 2022 seasons and an even steeper decline from the 92% national average in 2019 - 2020. The number of CAHs reporting this measure has increased from 718 CAHs in Q1 2020 to 1,068 CAHs in Q1 2023. The current national benchmark for CAHs is 100% vaccination adherence.

Healthcare Provider Influenza Vaccination Rates



# Tips



## Robyn Quips - tips and frequently asked questions

### CMS Reporting Resources

The Centers for Medicare & Medicaid Services (CMS) Center for Clinical Standards and Quality (CCSQ) has developed a one-stop shop for their customer support needs, [CCSQ Support Central](#). This site supports many of the CMS programs, including Hospital Quality Reporting (HQR) and HCQIS Access Roles and Profiles (HARP). From this site, you can contact the Service Center for a ticket on a new question or issue as well as track on an existing ticket. You can also access the main QualityNet page from Support Central. That page is where you can find the Hospital Quality Reporting Specification Manuals and CART tool versions.

The site links to the [Quality Reporting Center](#), where you can find resources to assist you with Quality Data Reporting, such as upcoming as well as archived educational webinars. All the resources you will need to be successful in the CMS Reporting Platform can be found at [CCSQ Support Central](#).

Another good CMS resource is the [HQR Video Tutorial YouTube Channel](#). The site consists of 39 short (most less than two minutes) tutorials on the distinct functions needed to set one up for reporting. Everything from requesting access to programs in HQR to how to upload files for data submission.

### CART Users

The application development team at the CMS HQR is looking to learn more about CART (CMS Abstraction and Reporting Tool) users. They want to learn more about who is using CART, how CART is being used, which functions and features are most valuable to users, as well as general feedback regarding CART. If you are interested in reviewing new CART design and giving feedback to help with future improvements, send an email to [hqresearch@bellese.io](mailto:hqresearch@bellese.io) for more information.

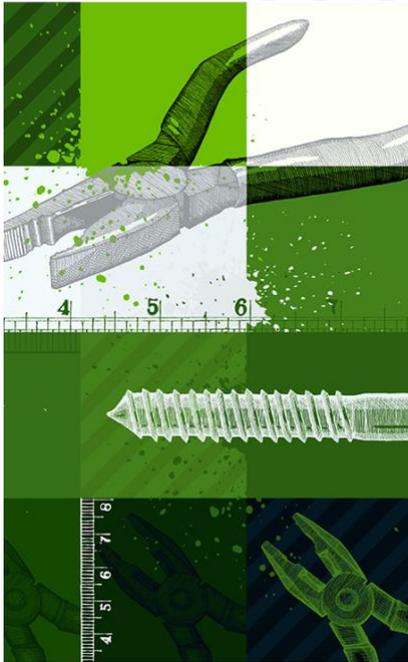
## Go to Guides

### Hospital Quality Measure Guides

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



# Tools



## MBQIP and Rural Health Improvement Resources

### **Upcoming Webinar! [NHSN Antibiotic Utilization Option: Using Data for Action in Critical Access Hospitals](#)**

Tuesday, November 14, 2023, at 3:00 p.m. ET – This is a co-hosted webinar by the CDC and HRSA’s Federal Office of Rural Health Policy. Speakers will describe requirements for meeting the Antimicrobial Use and Resistance (AUR) Measure within the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program and using the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) data for action in critical access hospitals.

### **New! [TeamSTEPPS 3.0 Training Curriculum to Improve Safety](#)**

AHRQ has updated its TeamSTEPPS® training program, an evidence-based resource designed to improve patient safety by optimizing the performance of health care teams. The update was conducted in consultation with experts in TeamSTEPPS and team training that included patients and family caregivers. It addresses changes in health care delivery and learning methods and emphasizes patient engagement. The updated curriculum is designed for use by team members in different roles, including frontline care providers, administrators, patients and caregivers, and trainers.

### **New! [AIM Obstetric Emergency Readiness Resource Kit](#)**

The Alliance for Innovation on Maternal Health developed an Obstetric Emergency Readiness Resource Kit in response to the decline of hospitals providing obstetric services in rural areas of the United States and the disparate rates of pregnancy-related mortality based on race, ethnicity, and geographic location. The resource kit contains best practices, resources, and planning materials for use by teams in healthcare settings that may not typically provide obstetric services or frequently care for people experiencing obstetric emergencies.

**[Increase Influenza Vaccination Coverage among your Health Care Personnel.](#)** Although focused on long-term care settings, this resource from the CDC provides strategies and resources to support vaccination among health care personnel that also may be applicable in hospital settings.



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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