

Medicare Beneficiary Quality Improvement Project



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

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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.

## Rural Success: Abrom Kaplan Memorial Hospital, LA

Founded in 1958 as a non-profit, general acute care facility, [Abrom Kaplan Memorial Hospital](#) is a full-service hospital in the “Gateway to Acadiana’s Wetlands” that serves a major role in caring for the residents of Vermilion Parish. The Hospital has 35 licensed beds and employs approximately 90 full-time employees in the City of Kaplan. The 25 acute care and swing beds, and 10-bed psychiatric unit of the critical access hospital combine for an average daily census of 17.2 patients. The facility is also home to a six-bed emergency department (ED) which serves around 600 patients each month, and a range of other services.

Abrom Kaplan utilizes the Plan-Do-Check-Act (PDCA – sometimes called PDSA) model to approach quality improvement initiatives. All hospital departments that have a role in patient care are accountable for specific quality measures. When a measure falls out beyond a certain pre-determined threshold, the department works through a PDCA to address the issue, always with frontline staff input to the action plan.

Although Abrom Kaplan is an older facility, the environmental services (EVS) team has been recognized for the hospital’s high patient experience scores related to cleanliness. Some of the EVS success is tied to an initiative that kicked off a couple of years ago in response to a handful of facility-associated *C. difficile* infections. At that time, EVS staff adopted a team-based approach to room cleaning for patients who are on contact precautions. One EVS team member cleans the patient room, including identified hot spots, while another cleans equipment that moves in and out of the room. Through this and other process improvements, including competency assessments for all staff who come in contact with patients regarding donning and doffing protective gear, Abrom Kaplan is approaching 200 days without a *C. difficile* infection.

The buddy system is just one of the ways Abrom Kaplan has achieved such high cleanliness scores for the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey. The schedule for cleaning various units is carefully thought out. The emergency department is cleaned first thing in the morning, falling immediately after the busy night shifts and during the typically quietest part of the day. They then work through the

inpatient department, when patients are awake, both so as not to disturb their sleep, and also so they see the cleaning in action. Another visual cue the team uses is different color mops. They use an orange mop head for the bathroom and then switch to a blue mop head for the patient room, which helps with patient perception of cleanliness.

The hospital also has high HCAHPS scores related to care transitions. The nursing team uses bedside shift reporting to ensure patients and their families are engaged in the discussion between handoffs of care. They also consistently use whiteboards in the room to keep patients and families informed of the care plan. Leadership validates the consistent use of bedside shift report and the whiteboards through rounding.

A different kind of communication board is credited with driving a 100 percent inpatient influenza vaccination rate. Recognizing there was opportunity for improvement, the charge nurses on the floor were made accountable for ensuring all inpatients were offered the flu vaccine before discharge. Tracking was added to the communication board, which is checked each shift. Engagement with the pharmacy and a shared electronic

health record with the clinic have also been contributing factors. As part of Lafayette General Health, Abrom Kaplan adopted a requirement that all staff receive influenza vaccinations. Those who decline have to sign a waiver and wear a mask throughout the flu season. The year this approach was adopted, the rate of healthcare provider influenza vaccinations jumped from 73 percent to 97 percent.



*Abrom Kaplan staff celebrate high patient experience scores in the ED.*

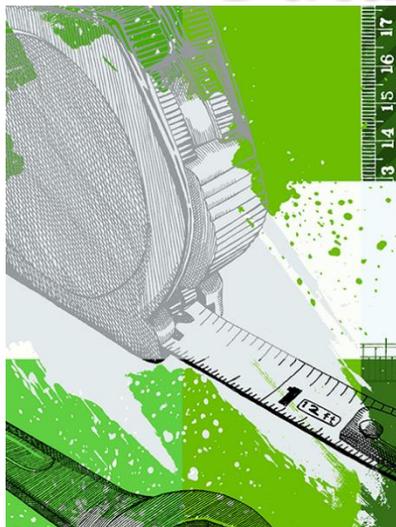
The team in the ED has worked hard to ensure consistent communication for emergency department transitions of care (EDTC). They developed a transfer form that has gone through several iterations to meet staff needs. A paper copy of the transfer form goes with the patient, and the hospital copy is scanned into the electronic health record. All transfer charts are audited to identify

opportunities for improvement, which are brought to unit meetings or addresses one-on-one with staff as appropriate.

Leadership at Abrom Kaplan describe the staff as a family, an important cultural component to their quality success that they do not take for granted. Whether it's influenza vaccinations, HCAHPS cleanliness, or other work, leadership believes strongly in the importance of celebrating successes. Every department has an employee engagement team that, among other things, develop fun awards and celebrations related to specific projects. They've found that even a small token of individual recognition instills a sense of pride and appreciation and group celebrations foster teamwork. One such recent event was the "Knocking It Out of the Park" Party recognizing the high patient experience scores of the emergency department.

By fostering a positive, team-based work environment, and giving staff the tools they need to identify opportunities and drive improvement through quality measurement and PDCA, Abrom Kaplan Memorial Hospital has established a culture of quality that serves its patients and staff well.

# Data



## CAHs Measure Up: Finding and Using Benchmarking Data

Benchmarks can be used to look at how your hospital fares in relation to other hospitals in your state, the nation, or other groups on various measures, and to set performance goals and targets.

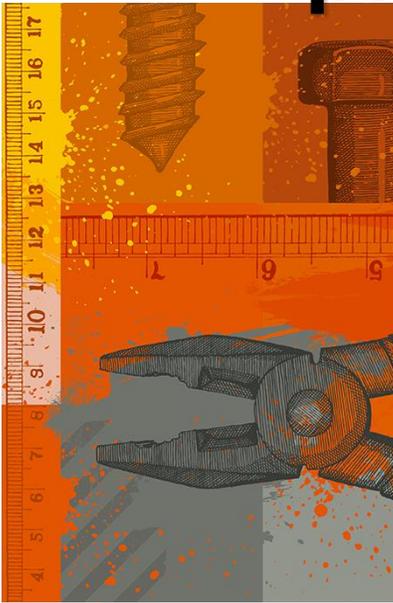
### How to find benchmarking data:

- Check your MBQIP reports for data to benchmark your CAH against other hospitals in the state and nationally. The reports contain both averages and 90th percentiles for CAHs. The average represents the “middle of the road,” and the 90th percentile shows you where the best 10 percent of hospitals are performing for a given measure. The reports also contain the overall average for all hospitals (PPS and CAH combined) reporting each measure.
- MBQIP HCAHPS reports do not contain 90th percentiles, but they do contain averages. However, HCAHPS Online is a good source of percentile data for HCAHPS measures – scroll to the “HCAHPS Percentiles Table” to take a look. Remember that in MBQIP reports and on HCAHPS Online, benchmarks represent data for all hospitals in the state and/or nation (not just CAHs).
- Some other good sources of benchmarking data for MBQIP measures as well as other measures include quality measure and other reports from the [Flex Monitoring Team](#). The Agency for Healthcare Research and Quality maintains a [list of useful national data sources](#). Consider also reaching out to organizations within your state for benchmarking suggestions, such as your state Flex program or hospital association.

### How to use benchmarking data:

- Track your hospital’s performance against benchmarks – ideally, use the 90th percentile. Use that benchmark as the goal you strive to reach (or to stay above). Consider plotting your hospital’s performance on a graph and include the most current benchmark as a way to visualize your progress. The Internal Quality Monitoring Tool, part of the [Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#), can help you start plotting your performance in this way.
- Benchmarks can also help you set priorities for improvement. If your hospital is already performing at or above the 90th percentile for a specific measure in both your state and the nation, for example, you should celebrate and keep up the good work – but you might want to focus your improvement efforts on a measure that’s performing below the state or national average. Consider using the CAH Quality Prioritization Tool, also part of the [Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#), to help determine which measures to focus on.
- In general, make sure you know which time period you’re looking at regardless of the data source. Your MBQIP reports often contain more recent data than what you might find in other sources, but if you request data internal to your hospital or within your state, the data could be even more recent than that.

# Tips



## Robyn Quips - tips and frequently asked questions

### Open Office Hours Calls

Thanks to all that participated in the last call! I just want to remind everyone of the intent of these calls, and why they are formatted as they are. Open Office Hours calls are meant to be a time for CAH staff to ask questions about abstraction. There is no set agenda because your questions determine the content. This last call was different only in that I was asked to talk a bit about the EDTC measure population because of some misinterpretation of the manual instructions. There was no “new” information given on the call; the EDTC manual is the same as it has been for the last few years. I went over the population instructions directly from the manual. Some of the population information has been talked about frequently in this column.

These are not webinars because there is no set topic to present on. The discussion is driven by attendee questions. Before the first few calls, I asked for questions in advance but wasn't getting any, so we discontinued those requests; however, I'm always open if you want to send them.

When we started these calls they were operator-assisted, so they were able to mute all lines. The operator would announce when lines were open for questions and how to ask them and let callers know when their lines were open. We found that if no one had questions we just heard the operator repeatedly asking if there are questions and how to get in the queue. That format helped with background noise but didn't lead to a nice flowing discussion. So to make them more favorable to conversation we've started holding truly “open” calls in that there is no operator assistance, so it's on the callers to mute their lines. Of course, you always get a few that don't and have to be reminded. Maybe even more than once.

The calls are not recorded because again, they are dependent on your questions. If there are not enough questions we end up with a fair amount of dead air time, so there isn't enough content to justify a recording.

We'll look at the evaluations we received and see what we might be able to change to make future calls as useful a venue as possible for you to ask and get answers to your abstraction questions.

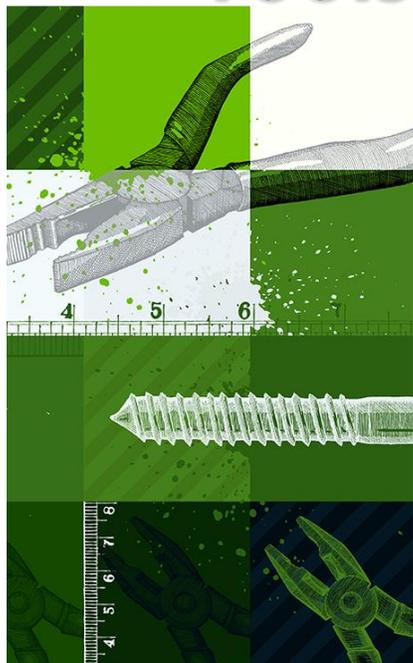
### Go to Guides

#### Hospital Quality Measure Guides

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



# Tools



## Tools and Resources

### Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Wednesday, July 17, 2019, 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).

### [QI Basics Online Learning Modules and Resources](#)

The Quality Improvement (QI) Basics course is designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. The course may be completed in sequence or individual modules and tools may be used for stand-alone training and review.

### [The Answer to Culture Change: Everyday Management Tactics](#)

New research from the Institute for Health Care Improvement suggests certain management tactics can be game-changing when it comes to creating the type of culture that supports meaningful improvement over time. This article from the New England Journal of Medicine Catalyst summarizes six core elements of a high performance management system with inpatient and outpatient care examples.

### [COPD Learn More Breathe Better](#)

Sponsored by the National Heart, Lung, and Blood Institute (NHLB), offers a variety of educational resources to help increase awareness and understanding about COPD among patients, their families and caregivers, and health care providers to reduce the burden of the disease.



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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