MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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: Dahl Memorial Healthcare Association, MT

Dahl Memorial Healthcare Association, Inc., located in Ekalaka, Montana, is a 25-bed critical access hospital, which includes emergency, acute care, swing and long-term care beds, and newly launched pharmacy service, as well as an associated rural health clinic. Dahl Memorial serves the largely agricultural Carter County. While large geographically at 3,000 square miles, Carter County's population was recorded at 1,177 people in the last Community Health Needs Assessment (CHNA). The closest critical access hospital is 36 miles away, and the nearest in-state tertiary facility is 250 miles away. The hospital had nine inpatient and 10 swing-bed admissions in the past year, and during that same period, the emergency department had 172 visits.

While Dahl Memorial is small, the staff of 70 works hard to ensure quality care for their patients, who are their friends, family, and neighbors. Leadership leverages their small size to allow for quick implementation of improvement efforts, utilizing the Plan Do Study Act (PDSA) methodology. Those responsible for quality are working to link an overall quality strategy to the organization's strategic vision, recognizing that the primary focus of the board is on keeping the doors open.

Given the small size of the community, many people travel significant distances to do their shopping (the nearest large retail center is 100 miles away). With folks going out of the area for things like groceries, more and more they are seeking their routine care in those larger towns as well. To address the wants and needs of the community, including feedback gathered through HCAHPS surveys, Dahl Memorial recently launched a new building project, which will break ground later this summer. Beyond the physical campus, the project will include adopting new technology, including a new electronic health record, which will allow Dahl Memorial to come into compliance with requirements for the Promoting Interoperability program (formerly the EHR Incentive/Meaningful Use Program).

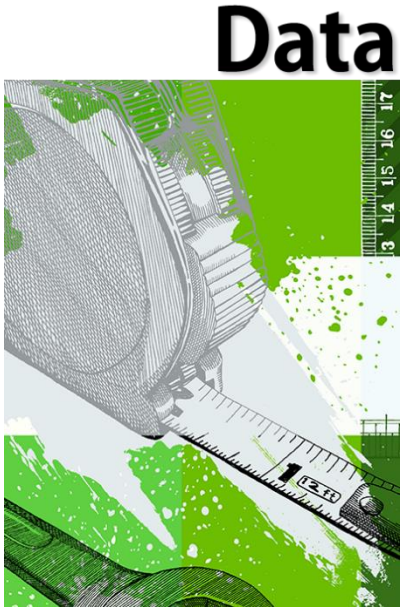
While they have received HCAHPS comments and scores related to cleanliness and quietness that support the need for a facility update, overall patient experience scores are consistently high. Patients at Dahl Memorial know their providers; the same mid-level clinicians see patients in the clinic, emergency department, swing-bed, long-term care, and inpatient units. Positive relationships with the clinicians and the nursing staff are credited with positive HCAHPS results and smooth transitions of care.

CEO Ryan Tooke, front left, with Dahl Memorial staff.

Some small hospitals have found it difficult to implement antibiotic stewardship with limited resources, but Dahl Memorial has again made the most of its small, but mighty team in ensuring they are covering all seven of the Centers for Disease Control and Prevention (CDC) core elements of antibiotic stewardship. They jumped on board when Montana's Department of Public Health and Human Services offered some funding support, meeting with the clinical team to provide education and garner buy-in.

Dahl Memorial strives to meet every element of the Emergency Department Transfer Communication (EDTC) measure for every patient transferred from the facility. A few years back they found their performance was lacking and set out to make meaningful and lasting improvement, providing comprehensive training to staff and working with their vendor to revise the form in the EHR to ensure every item was clearly defined. The payoff from their hard work is reflected in their consistent high performance.

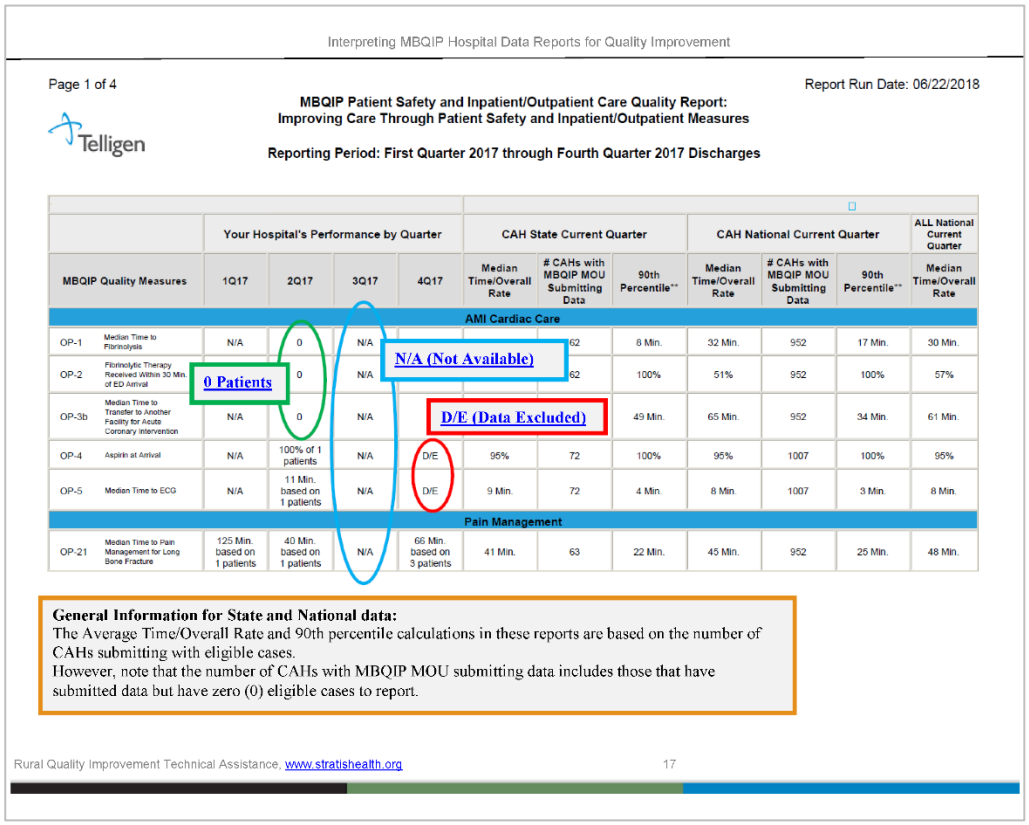
Dahl Memorial is a great example of a frontier CAH using its resources and strengths to provide the best care possible to the community it serves.



CAHs Measure Up: MBQIP Hospital Data Reports – Understanding N/A, D/E, and 0

MBQIP Hospital Data Reports for Patient Safety and Inpatient/Outpatient, HCAHPS, and EDTC measures are distributed to your hospital each quarter. Depending on the measure and the quarter, your hospital may or may not have data in parts of these reports. When your hospital does not have data, three possible data labels will appear in your report for a given measure:

- **N/A** can mean two different things: Either data was not submitted or reported by your hospital, or data was submitted – but it was rejected or not accepted into the Clinical Warehouse. For MBQIP purposes, an N/A means that your hospital did not report.
- **D/E** means that your hospital submitted eligible cases to the Clinical Warehouse (QualityNet). It was accepted – however, case(s) were excluded from a particular measure. For MBQIP purposes, a D/E does give your hospital credit for reporting.
- **Zero (0)** means that your hospital entered a zero into Population and Sampling. In other words, your hospital had no eligible patients in a measure set population for the reporting quarter. For MBQIP purposes, a zero does give your hospital credit for reporting.



Interpreting MBQIP Hospital Data Reports for Quality Improvement

Page 1 of 4

Report Run Date: 06/22/2018

Telligen

MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report:
Improving Care Through Patient Safety and Inpatient/Outpatient Measures

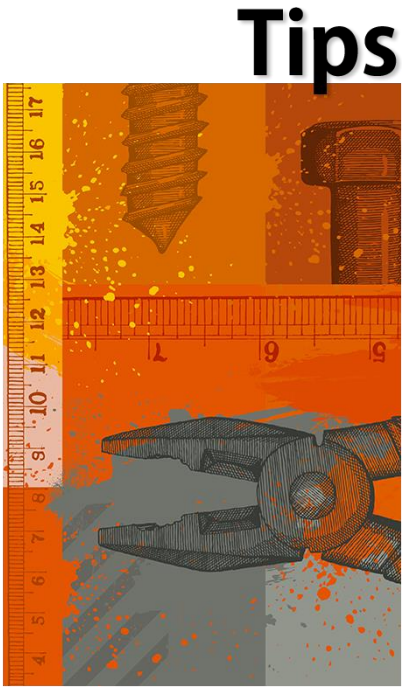
Reporting Period: First Quarter 2017 through Fourth Quarter 2017 Discharges

		Your Hospital's Performance by Quarter				CAH State Current Quarter			CAH National Current Quarter			ALL National Current Quarter
MBQIP Quality Measures		1Q17	2Q17	3Q17	4Q17	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Median Time/Overall Rate
AMI Cardiac Care												
OP-1	Median Time to Fibrinolysis	N/A	0	N/A			62	8 Min.	32 Min.	952	17 Min.	30 Min.
OP-2	Fibrinolytic Therapy Received Within 30 Min. of ED Arrival		0	N/A			62	100%	51%	952	100%	57%
OP-3b	Median Time to Transfer to Another Facility for Acute Coronary Intervention	N/A	0	N/A				49 Min.	65 Min.	952	34 Min.	61 Min.
OP-4	Aspirin at Arrival	N/A	100% of 1 patients	N/A	D/E	95%	72	100%	95%	1007	100%	95%
OP-5	Median Time to ECG	N/A	11 Min. based on 1 patients	N/A	D/E	9 Min.	72	4 Min.	8 Min.	1007	3 Min.	8 Min.
Pain Management												
OP-21	Median Time to Pain Management for Long Bone Fracture	125 Min. based on 1 patients	40 Min. based on 1 patients	N/A	66 Min. based on 3 patients	41 Min.	63	22 Min.	45 Min.	952	25 Min.	48 Min.

General Information for State and National data:
The Average Time/Overall Rate and 90th percentile calculations in these reports are based on the number of CAHs submitting with eligible cases.
However, note that the number of CAHs with MBQIP MOU submitting data includes those that have submitted data but have zero (0) eligible cases to report.

Rural Quality Improvement Technical Assistance, www.stratishealth.org 17

The resource "Interpreting MBQIP Hospital Data Reports for Quality Improvement" contains more detailed tips on interpreting your MBQIP Hospital Data Reports, including some example reports that outline how you can identify opportunities for improvement at your hospital.



Robyn Quips - tips and frequently asked questions

EDTC Data Submission
According to comments seen and questions asked there are still some misunderstandings regarding the correct way to identify the population for the emergency department transfer communication (EDTC) measure.

The population is NOT just patients who are discharged or transferred to an acute care facility! Not just patients you send to a tertiary care facility, not just patients you transfer for a higher level of care. If these are the only cases you include in your population, then you are not submitting correct EDTC data and are not complying with the requirements for the measure. You cannot pick and choose the population for the measure, you need to follow the population as stated in the EDTC Specifications Manual.

Patients who are seen in your ED and then are discharged or transferred (it doesn't matter which of these words are used to describe how the patient leaves) to any of the facilities listed in the manual under "Other Health Care Facility", such as a nursing home or psychiatric hospital, MUST be included. It does not matter where the patient was before coming to the ED.

Patients who are seen in your ED and admitted directly to your hospital are NOT included in the EDTC population. Those patients are considered as being "admitted", not transferred or discharged, which is the instruction for determining the measure population.

Please refer again to the EDTC Specifications Manual, page five, for the list of facility inclusions.

Open Office Hours Call
The next Open Office Hours call is Wednesday, July 17. There is no scheduled topic for discussion; I will be on to answer your questions. If you would like to send questions in advance, please email me, rcarlson@stratishealth.org.

In response to feedback we received regarding issues with folks not muting their lines, this call will be operator-assisted. That might make it a bit more cumbersome to ask a question, but with operator assist, everyone will be muted until they wish to ask a question, which should address the problem of people not being able to hear the conversation.

You do need to register for the call. That information is listed under the Resources section of this MBQIP Monthly issue.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Quality Reporting Guide
- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual

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.

Online MBQIP Data Abstraction Training Series
Recorded training series for CAH staff with responsibility for data collection of Centers for Medicare and Medicaid Services (CMS) Inpatient and Outpatient quality measures. Pick individual topics that you have questions about or listen to the full series for a comprehensive overview of the process to identify each measure population and abstract the required data elements.

Individual topics include:

- Locating CMS Specifications Manuals (13-minute video)
- Locating CART (CMS Abstraction Reporting Tool) (9-minute video)
- Outpatient AMI Measures (OP1 - OP5) (23-minute video)
- Outpatient Chest Pain Measures (OP4 - OP5) (20-minute video)
- ED Throughput Measures (OP18, OP20, OP22) (19-minute video)
- Outpatient Pain Management Measure (OP21) (12-minute video)
- Inpatient Influenza Vaccination Measure (IMM-2) (18-minute video)
- Inpatient Emergency Department (ED) Measures (ED-1, ED-2) (18-minute video)

Management Methodologies and Value-Based Strategies: An Overview for Rural Health Care Leaders
Offers rural health leaders an overview of eight commonly used management methodologies to help guide change, plus additional resources and references for further exploration.

Patient Safety Essentials Toolkit
This new resource from the Institute for Healthcare Improvement (IHI) includes documents on improving teamwork and communication, tools to help you understand the underlying issues that can cause errors, and valuable guidance about how to create and maintain reliable systems. Each of the nine tools includes a short description, instructions, an example, and a blank template. *Free log-in may be required to access the resources.*

StratisHealth

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 $625,000 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. (December 2018)