

Medicare Beneficiary Quality Improvement Project



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

In This Issue

1 CAHs Can!

Antibiotic Stewardship Profile Series: Pointe Coupee General Hospital

3 Data: CAHs Measure Up: MBQIP Hospital Data Reports

5 Tips: Robyn Quips – tips and frequently asked questions: Take the EDTC Abstraction Quiz!

6 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.

Antibiotic Stewardship Profile Series: Pointe Coupee General Hospital

In the resource, [Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs](#), insights were collected during focus group interviews from high-performing critical access hospitals (CAHs) across the U.S. These implementation and enhancement strategies were based on the Centers for Disease Control and Prevention's (CDC's) seven core elements of antibiotic stewardship for hospitals.

In this third in a series of profiles below, Lori LaCombe, RPh, pharmacy director for focus group participant [Pointe Coupee General Hospital](#) in New Roads, Louisiana, outlines what antibiotic stewardship looks like at her facility.

Background

Pointe Coupee General Hospital (PCGH) is a small, rural, independent, 25-bed, critical access hospital. They offer inpatient, outpatient, skilled care, and emergency department (ED) services. PCGH has three nursing care facilities nearby. They also perform endoscopy procedures, sleep studies, and weekly wound care clinics. PCGH's antibiotic stewardship (AS) services are run through the pharmacy department from information gathered on all inpatient and skilled-care patients.

Our Antibiotic Stewardship Journey

PCGH started its AS journey in 2016, and it was implemented in January 2017. Their pharmacy director started meeting with and talking to other facilities that had already begun their programs. She went to meetings with the Louisiana Hospital Association and hired a pharmacist that worked on an AS program at another facility. She met with staff physicians, hospitalists, ED physicians, administrators, nursing, and IT departments to determine what type of program they could build that would work for them.

Leadership & Accountability

The primary responsibility for the AS program rests with the pharmacy director. Data is collected by the pharmacy department and presented at medical staff meetings. All departments, physicians, and senior leaders demonstrate support for the program. There is no additional salary support for working on or participating in the program above the regular salary.

Drug Expertise

When necessary, PCGH pharmacists request information and support from staff physicians, hospitalists, and ED physicians.

Action

- Facility-Specific Treatment Recommendations**
 PCGH's laboratory department distributes the antibiogram monthly and quarterly to physicians and all departments that utilize the information. It is divided into three parts: Urines, Non-Urines, and Urines + Non-Urines. It covers the entire population tested at their facility.
- Prospective Audit and Feedback**
 If necessary, PCGH pharmacists interact directly with the physicians that are treating the patients, usually by phone.
- Prior Authorization for Specific Antibiotic Agents**
 All formulary antibiotics can be ordered without a prior authorization. If a physician wants an antibiotic that is not listed on PCGH's formulary, that physician (or appropriate staff member) must contact the pharmacy director to have it ordered and delivered to the patient care unit. The physician states the reason for the request in the patient's medical record.
- Documentation of Indication for All Antibiotics**
 Getting an indication written with antibiotic orders is an ongoing challenge. It is listed in the patient's chart, but not with the order. PCGH's software does not require one to be entered. There are plans to upgrade to a version that would have that function, but for now, PCGH asks physicians to handwrite it with the order or enter it in the comment field of electronic orders.
- Antibiotic Time-Out**
 All antibiotic orders request a physician's review and renewal after the first 48 hours, and then every 72 hours after that. PCGH has settings in their software that automatically generate a report for each physician to notify them when it needs to be done.

Tracking & Reporting

The pharmacy department does data tracking and sharing. PCGH runs reports for all antimicrobial agents and collects information about diagnosis, days of therapy, and cost of therapy. They generate graphs and reports to distribute to staff over a period of 6-12 months, depending on our census. When census is low, there is not much data, and PCGH will wait for longer periods of time before generating reports.

Education

PCGH created a one-page handout explaining AS and include it in educational materials distributed to staff at departmental meetings and yearly competencies to refresh everyone's memory. Their nursing staff and hospitalists educate patients and family members about appropriate use, and their efforts continue.

Collaboration

PCGH has not worked directly with any facilities in the community to coordinate AS across settings of care. They do communicate to other facilities on an individual basis for patients if the need is there.

Words of Wisdom and Advice

The program changes from one year to another depending on what initiatives you are working on. Pick the initiatives you want to work on at the beginning of the year. Have a plan on how you can accomplish them. If you are not accomplishing the goals for your initiatives, then you may have to find a different method until you discover what works for you and your facility. It must be individualized for each facility. It may take several years to fully implement one initiative. Do not give up on it.

Data



CAHs Measure Up: MBQIP Hospital Data Reports

Every quarter the Federal Office of Rural Health Policy distributes MBQIP Hospital Data reports to state Flex Coordinators. Three reports are created for every hospital participating in MBQIP:

- Patient Safety and Inpatient/Outpatient Care Quality Report
- Care Transitions (EDTC) Quality Report
- Patient Experience (HCAHPS) Quality Report

In general, the reports each provide a snapshot of your hospital's performance, plus some state and national comparisons, for each of the MBQIP measures. However, there are significant differences to be aware of when it comes to what's included in those comparisons!

Patient Safety and Inpatient/Outpatient Care Quality Report

In addition to your hospital-specific performance, in this report, you'll see something like the below image on every page (the wording will be slightly different depending on the measure):

CAH State Current Quarter			CAH National Current Quarter			ALL National Current Quarter
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

Overall performance and 90th percentile information in this report for state and national are based *only* on critical access hospitals (CAHs).

Also, the final column, "ALL National Current Quarter," is the overall performance for *all* hospitals reporting the measure of interest, prospective payment system (PPS) and CAH combined. This is available for all measures *except* the NHSN Annual Facility Survey (antibiotic stewardship). Although PPS hospitals complete the annual facility survey, the data source for the MBQIP Data Reports includes CAHs only.

Care Transitions (EDTC) Quality Report

State and national average and 90th percentile in this report are based *only* on CAHs.

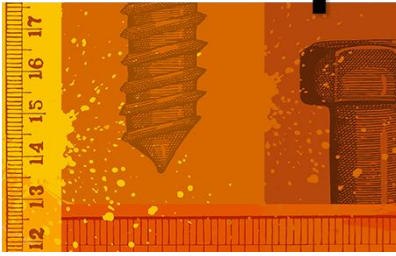
State Current Quarter			National Current Quarter		
Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**	Average Current Quarter	# CAHs with MBQIP MOU Submitting Data	90th Percentile**

Patient Experience (HCAHPS) Quality Report

State and national averages in this report are based on *all* hospitals reporting HCAHPS (PPS and CAH combined). It is not possible to obtain a CAH-specific average from the data source used for these reports.

State Average	National Average
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Tips



Go to Guides

Hospital Quality Measure Guides

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



Abstracting Resources [Abstracting for Accuracy Consultation](#)

Sign up for this customized abstraction review process and phone consultation that will provide your hospital the opportunity to receive one-on-one education and assistance on how to abstract the MBQIP core measures. Abstracting for Accuracy can help CAHs increase the validity of data collection and identify opportunities for additional training and clarification as it relates to chart abstraction.

Robyn Quips - tips and frequently asked questions

Test Your Knowledge: EDTC Abstraction Quiz

It's time to start using the Emergency Department Transfer Communication (EDTC) Data Specifications Manual for 2020 encounters. Take the quiz below to check your abstraction knowledge. Check the [manual](#) if you need to brush up first. Answers will be in the March MBQIP Monthly. Good luck!

1. Since this measure is the Emergency Department *Transfer* Communication Measure, we only include patients that we transfer to another hospital for a higher level of care.
 - a. True
 - b. False
2. How many EDTC cases should be submitted each quarter?
 - a. 15
 - b. A minimum of 45.
 - c. All ED cases for the quarter if we have less than 45.
 - d. Whatever number of cases we feel like doing.
3. Picking ED cases from just one day a month and choosing those for your EDTC abstraction submission is a good method of random sampling.
 - a. True
 - b. False
4. For purposes of EDTC measure abstraction, discharges/transfers/returns to which of the following facility types are not considered to be "Home" and should, therefore, be included in the abstraction population?
 - a. Assisted Living
 - b. Nursing Homes
 - c. Jails/Prisons
 - d. Group Homes
5. Patients seen in the hospital's ED and directly admitted as an acute care inpatient should be included in the EDTC measure population.
 - a. True
 - b. False
6. Which facility is not listed under Inclusions for "Other health care facility" in the EDTC Data Specifications Manual and therefore discharges/transfers/returns to that facility type should not be part of the abstraction population?
 - a. Long Term Care Facility
 - b. Residential Care
 - c. Swing Bed
 - d. Psychiatric Hospital
7. A patient was seen in your ED and then transferred to Observation Status. Are they included in the EDTC abstraction population?
 - a. Yes
 - b. No
 - c. Depends on if the Observation is in the ED department or on another unit.
 - d. Depends on where the patient goes after Observation.
8. What chart documentation from the patient's ED encounter can we use to answer the EDTC data element questions?
 - a. Only the Transfer Summary/Form/Sheet.
 - b. Just the provider notes.
 - c. Only the EMTALA Form.
 - d. The patient's entire ED record.
9. The documentation required for the data element "Mental Status/Orientation Assessment" must be done by a physician, advanced practice nurse (APN) or physician assistant (PA).
 - a. True
 - b. False
10. A patient was transferred to another facility before culture results were back. What documentation in the ED record is acceptable to answer yes for the data element "Tests and/or Procedure Results"?
 - a. The culture was negative, and we don't communicate negative results so there doesn't need to be any documentation.
 - b. We have a shared electronic health record with the receiving facility, so the test results can be considered sent, no documentation needed.
 - c. Culture results will be called to the receiving facility when available.
 - d. Transfer Summary sent with the patient.

Tools



Tools and Resources

New! [Emergency Department Transfer Communication \(EDTC\) Specifications Manual](#). The Specifications Manual for the revised EDTC measure is now available. Hospitals should use the revised specifications manual for data collection starting with January 1, 2020, encounters. Additional resources, including an EDTC Specifications Overview Training video, a Frequently Asked Questions summary, and an updated Excel-based data collection tool, are also available.

Updated! [Critical Access Hospital eCQM Resource List](#). This list of resources related to electronic clinical quality measure (eCQM) reporting is intended to aid critical access hospitals seeking to meet the quality measure reporting requirements for the Promoting Interoperability Program (formerly known as the Medicare EHR Incentive Program).

[National Healthcare Safety Network Annual Survey Resources](#). Hospitals are strongly encouraged to complete their 2019 CDC NHSN Annual Facility Survey by March 1. The survey is used to monitor implementation of antibiotic stewardship best practices. See the *Instructions for the NHSN Patient Safety Component and Annual Survey* for instructions on accessing the survey within NHSN. Additional information can be found in the [MBQIP Reporting Guide](#).

[Improving Antibiotic Stewardship in Critical Access Hospitals: Strategies and Success Stories](#).

This recorded webinar was co-hosted in November 2019 by CDC and HRSA's Federal Office of Rural Health Policy. Presenters discuss evidence-based strategies to improve antibiotic prescribing in rural hospitals and share stewardship success stories in critical access hospitals.

[Do You Know the Symptoms of Sepsis?](#)

A variety of tools and resources are available from the Sepsis Alliance, including educational and promotional materials using the TIME mnemonic (Temperature, Infection, Mental Decline, Extremely Ill) to help increase awareness of the warning signs of sepsis and increase early detection and treatment.



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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