

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](#).

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

## Antibiotic Stewardship Profile Series: Forks Community Hospital

November 18 is National Rural Health Day and marks the beginning of Antibiotic Awareness week. The Federal Office of Rural Health Policy and the Centers for Disease Control and Prevention are teaming up to host a webinar on Wednesday, November 17 - [Enhancing Antibiotic Stewardship Programs in Critical Access Hospitals](#). Janet Schade, MS, RPh, director of pharmacy for Forks Community Hospital in Forks, Washington, is one of two critical access hospital (CAH) antibiotic stewardship (AS) leads presenting on that event.

Below, Janet outlines what antibiotic stewardship looks like at her facility based on the Centers for Disease Control and Prevention's (CDC's) [seven core elements of antibiotic stewardship](#) for hospitals.

### Background

Forks Community Hospital is the most northwestern hospital in the continental U.S. Forks is a public district critical access hospital serving a geographical area the size of New Jersey. The nearest hospitals are 60 miles east and 100 miles south. The area is primitive and remote, a destination for tourists who enjoy the Pacific Ocean beaches, hiking and camping, fishing and hunting, and the Twilight series. A staff of 300 works in the 25-bed critical access hospital, three family practice clinics, and a 20-bed long-term care facility. Outpatient infusions, physical rehabilitation, and outpatient psychiatric care are available as well. The town of Forks boasts a population of 3,500 residents, but more than 10,000 reside in the outlying areas, which include three sovereign tribal nations. The primary industry is logging. Black tar heroin is an epidemic. The antimicrobial stewardship (AS) program considers the varying socioeconomic factors present here and the influence of outside visitors to the area.

### Our Antibiotic Stewardship Journey

Forks' AS program began April 4, 2016; Janet Schade's first day as director of pharmacy. Janet's boss, the CEO, asked what she knew about AS as a component to give better patient care and save money. A group was formed that included the chief of staff, chief medical officer, the chief of surgery, the hospitalist, chief nursing officer, the safety/quality risk manager, infection control nurse, the lab director, and Janet, the director of pharmacy. In addition to this talented group, the hospital receives support from the University of Washington Tele-Antimicrobial

Stewardship Program (UW-TASP), the Department of Health, the Washington State Hospital Commission, the Washington State Medical Association, and other hospitals in Washington state. To prevent “committee fatigue,” the AS team at Forks started an aggressive six-month plan to roll ongoing activities into existing committees. They used industrial engineering tactics to identify issues and where to start: a gap analysis of the literature and CDC guidelines and the state’s tiered program for basic, intermediate, and advanced AS programs. They also conducted a proactive risk assessment on patient care, the budget, performance improvement, and value analysis to see if they had the right goals and allocation of resources.

### **Leadership & Accountability**

As the Director of Pharmacy and pharmacist-in-charge registered with the Department of Health, Janet is responsible for all medication use in the facility. Antimicrobial stewardship is listed in her job description. The CEO and senior leadership issued a letter of executive support for the AS program and a proclamation to the Board of Commissioners, providers, and hospital staff. The now-retired lab director is a part-time consultant and statistician for AS, reporting data on infections through the Infection Control Committee and augmenting the annual antibiogram published by lab and pharmacy.

### **Drug Expertise**

Janet is on-call 24/7 in the hospital for all pharmacy services, including consultations on ordering antimicrobials. Forks utilizes available certification programs on antimicrobials and accesses current literature through clinical decision support drug information resources. UW-TASP provides resources, including 30-minute didactics on diverse topics, data collection tools through their weekly teleconferences and website, and answers to submitted case studies. Forks’ CMO directs information to ED providers on topics resulting from pharmacy medication usage evaluations (MUEs) and new guidelines such as prescribing monoclonal antibodies for COVID-19. Forks also offers one-on-one discussions to providers and pharmacy, and providers at hospitals where patients are being transferred.

### **Action**

- **Facility-Specific Treatment Recommendations**

Forks develops protocols for everything from preventing and treating *Clostridioides difficile* infection (CDI) to standard order sets for managing sepsis. The lab and pharmacy collaborate on developing the annual antibiogram, which is sent to each provider with an explanation of its use. The antibiogram and antibiograms from facilities throughout the state are submitted to a Department of Health website used to treat the population of visitors to the area whose infections likely started at home. The team at Forks can tailor patient antibiotic needs to be closer to what they would get at home versus what a local would get for the same infection.

- **Prospective Audit and Feedback**

Prospective audits and feedback are coordinated by the pharmacist and infection preventionist for intervention concurrently with prescribers on existing patients from their admission through daily monitoring. This includes de-escalation of treatment by appropriate conversion of intravenous to oral doses and limiting days of therapy. It is very involved and, for Janet, the most challenging. As the pharmacist, she conducts retrospective studies, and results are shared at the Medical Staff Committee and the Pharmacy and Therapeutics Committee and through the development of ongoing tools like standard order sets and protocols like those developed for sepsis. These efforts seem to be the most successful in changing prescribing practices and sustaining improved antimicrobial therapy for patients.

- **Prior Authorization for Specific Antibiotic Agents**

Forks’ formulary is closed, and they have no drugs requiring prior authorization for use but handle those instances if and or when they arise for individual cases.

- **Documentation of Indication for All Antibiotics**

Indications for use are required documentation during order entry for all antimicrobials in the electronic health record (EHR), and some drug entries carry cautionary measures like black box warnings.

### Tracking & Reporting

The infection preventionist reports data through the EHR to NHSN. Forks was the first CAH in the nation to implement real-time data submission through their EHR. They also submit monthly usage reports of selected antibiotics to the Quality Benchmarking System of the Washington State Hospital Association. Report summaries are discussed at the Pharmacy & Therapeutics Committee meeting, the Infection Control Committee, and occasionally through the Performance Improvement Committee. Initially, they compiled a dashboard of items relating to infection prevention (hand hygiene and immunizations), infection detection (lab tests and results), and infection treatment (days of therapy for key antibiotics). Overall, they tracked cost savings for antimicrobials that were also reported to the Board. Administration granted use of some of those savings for other programs like a subscription service to look up drug interactions with lactation. They also obtained a grant from a risk management company to implement continuously updated AS messages and hospital information on waiting room TVs.

### Education

Forks developed an education program for all providers that is mandatory and provides continuing medical education credits. They added an AS module on prevention, detection, and infection treatment to annual staff training for the first three years. The surgeon on the AS committee suggested a mandatory “Moment for Antimicrobial Stewardship” for each meeting. Janet supplied pertinent information on topics in a fun way. One example was themed “Don’t be outdone by your dog,” related to how many more pets get shots than humans get flu and pneumonia shots. The team has fun with these, and it gets the point across. Also, many articles were published in the area newspaper on topics related to AS, which have generated great comments and questions from the community.

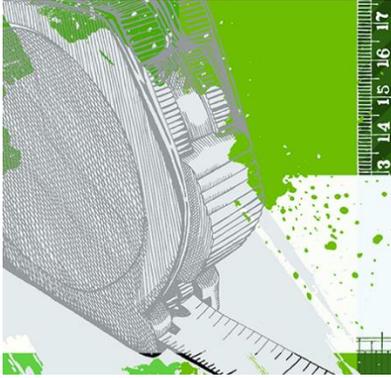
### Words of Wisdom and Advice



*Janet Schade*

Janet shared these words of wisdom, “Our strength has been in getting very talented people involved at the outset who got committed to leadership’s charge. Educating everyone in the hospital, from environmental services to the Chief of Staff, has been vital, as has having fun along the way. Every patient has been managed as a special case. Remember, the Five Rights apply to AS: The Right Process at the Right Time for the Right Amount, Right Frequency and Right Duration help every patient, every time.”

# Data



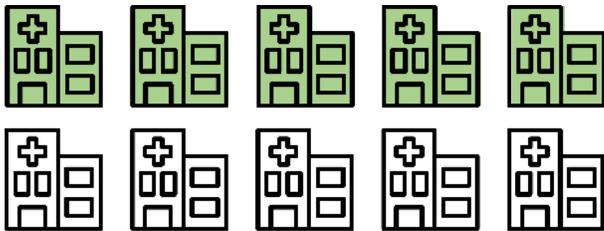
## CAHs Measure Up: Antibiotic Stewardship Reporting Implementation Update

As of August 2021, 1,121 CAHs participating in MBQIP had submitted the National Healthcare Safety Network’s 2020 Annual Facility Survey. A total of 1,026, or 92 percent, have indicated that they are meeting the Core Element of Reporting for antibiotic stewardship programs as collected through the survey.

**CAHs can meet the Core Element of Reporting by indicating ‘Yes’ for at least one of the following four items:**

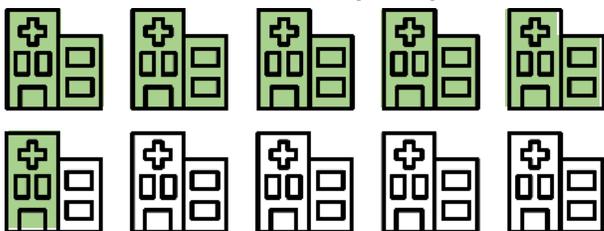
Our facility has a policy or formal procedure for the stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treatment team (i.e., **prospective audit and feedback**).

**571 CAHS (51%)**



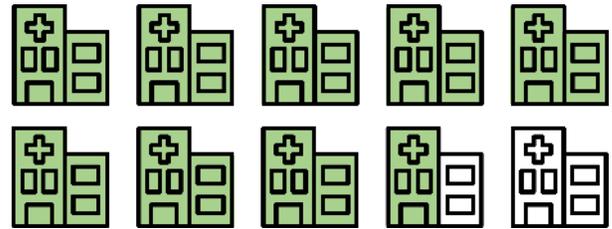
If antibiotic use in defined daily dose (DDD), days of therapy (DOT) or some other means of monitoring are selected, our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually.

**605 CAHS (54%)**



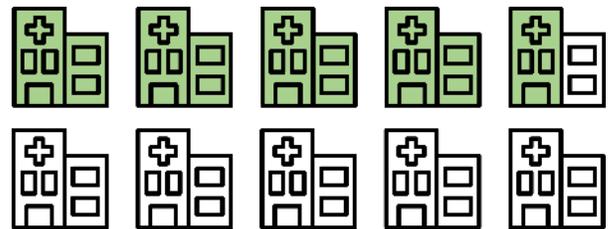
Our stewardship team provides the following updates or reports, at least annually: Updates to facility leadership on antibiotic use and stewardship efforts.

**951 CAHS (85%)**



Our stewardship team provides the following updates or reports, at least annually: Outcomes for antibiotic stewardship interventions to staff.

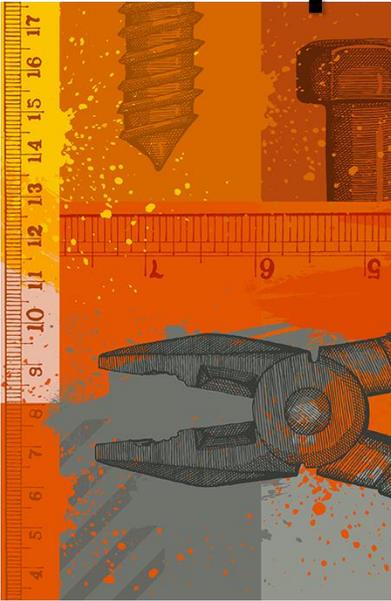
**522 CAHS (47%)**



Among these 1,026 CAHs, 224 CAHs (22%) indicate that they have implemented all four of these actions!

Compare your hospital’s Annual Facility Survey to what’s above. How many of the reporting items has your facility implemented? What are the barriers to implementing more? Where do you want to improve?

# Tips



## Go to Guides

### Hospital Quality Measure Guides

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



## Robyn Quips - tips and frequently asked questions

### MBQIP Reports – Is Your HCP Data Showing?

Since flu season is here, it's a good time to check on your Influenza Vaccination Coverage Among Healthcare Personnel (HCP) measure. Data submission for the current flu season isn't due until May 2022 but check out your latest MBQIP report. Have you been submitting this measure? If your CAH has been submitting the HCP measure to the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN), but your MBQIP report isn't showing any data, check the following:

- This data must be submitted to NHSN by the CMS inpatient measure due date, which this year is May 16, 2022. It would normally be May 15, but CMS extends the deadline if the original date falls on a weekend and/or holiday. NHSN will let you enter your HCP data at any time, but since the data is provided to CMS, which then, in turn, provides it to FORHP for the MBQIP reports, their deadline must be followed.
- If you had submitted by the May due date but still show no data for HCP, check to see if you have submitted an Inpatient Notice of Participation (NoP). CAHs should have done this as part of participating in MBQIP, but we are seeing not all have. If you haven't submitted an NoP, the CDC/NHSN does not submit your HCP data to FORHP for the MBQIP reports. Check out this CMS tutorial [video on how to confirm you have completed an Inpatient Notice of Participation](#).

[Check out the NHSN website](#) for instructions on how to collect and submit HCP data.

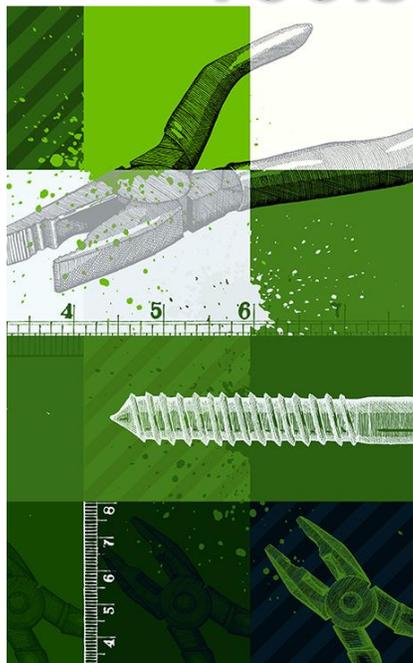
If you have been submitting by the due date and see you have an Inpatient NoP, but your data isn't showing on the MBQIP reports, [email NHSN](#) to ensure that the data has been submitted correctly.

### Have An Abstraction Question?

If you've missed my Open Office Hours call and have a specific abstraction question you'd like to ask, [use this form to submit it to me](#), and I'll answer a question or two each issue in this column.

Please keep your question to abstracting/submitting data on the current MBQIP core measures.

# Tools



## Tools and Resources

**Enhancing Antibiotic Stewardship Programs in Critical Access Hospitals Wednesday, November 17, 2021, 2-3 p.m. CT** [Register](#) This webinar, co-hosted by CDC and HRSA's Federal Office of Rural Health Policy, will feature:

- Two high-performing critical access hospital antibiotic stewardship leaders sharing implementation and enhancement tips
- An overview of the University of Washington Tele-Antimicrobial Stewardship Program
- An overview of The Joint Commission's upcoming revisions to their antibiotic stewardship standards.

**[Antibiotic Stewardship Implementation: Suggested Strategies from High Performing CAHs](#)** Shares implementation and enhancement strategies for antibiotic stewardship, collected from high performing critical access hospitals (CAHs) across the U.S.

### **Updated! [MBQIP Measures Fact Sheets](#)**

MBQIP Measures Fact Sheets provide an overview of the data collection and reporting processes for the MBQIP measures in a basic, one-measure-per-page overview.

### **CDC's Project Firstline Celebrates First Anniversary!**

One year ago this month, CDC launched [Project Firstline](#) to increase infection control knowledge and understanding among the frontline healthcare workforce. Since its launch, the program has released a variety of infection control resources, including a [video series](#) featuring CDC's infectious disease expert Dr. Abby Carlson, [explainer videos](#) on infection control basics, a [facilitator toolkit](#) with 14 training session plans on COVID-19 infection control topics, and [job aids](#) for on-the-go access.

### **New! [TeamSTEPPS Video Toolkit](#)**

Provide communication tools for your team and better care for your patients with this new on-demand video toolkit. A free resource brought to you by AHA Team Training and CDC's [Project Firstline](#). The toolkit has been designed to help improve teamwork in health care and highlights nine of the most used TeamSTEPPS tools. Each tool follows a thoughtfully designed sequence that brings TeamSTEPPS to life using relatable scenarios, critical thinking prompts, and best practices examples in an engaging learning experience.

### **New! [Service Recovery in Health Care](#)**

Designed with rural hospitals in mind, this brief four-part recorded training series from Stratis Health is designed to equip health care professionals with the knowledge and tools to support service recovery training at their facilities.



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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