

MBQIP Monthly

In This Issue

1 CAHs Can!
Quality Improvement Mentor Program: One-year Retrospective

3 Data: CAHs Measure Up: Reviewing Your Performance in EDTC Data Elements

4 Tips: Robyn Quips – tips and frequently asked questions: MBQIP Measures Submitted Yearly

5 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.

Medicare Beneficiary Quality Improvement Project



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

National Rural Virtual Quality Improvement Mentor Program: One-year Retrospective

Quality Time: Sharing PIE

Quality Improvement Mentor performance improvement experience (PIE)

The national virtual Quality Improvement Mentors share their lived experience in finding the right recipe to advance quality in their critical access hospitals through Quality Time: Sharing PIE (performance improvement experience) conversations. Periodically, a few mentors come together to discuss a key ingredient in their rural hospitals' quality improvement programs.

The QI Mentors share lessons learned, strategies, tips, and ideas from their in-the-field performance improvement experience, as well as a few valued supportive resources for each of their topics—and their favorite pie recipes.

Sit on down, maybe grab a cup of coffee and a piece of pie, and have a listen.

Want to take Quality Time with you on the go? You can subscribe to the podcast version through your [favorite streaming service](#).

It's May 2021 – and what a year it's been! Through the ups, downs, twists, and turns of the past year, the [national rural virtual quality improvement mentors](#) have been hard at work developing content to share with all of you. The initiative aims to broadly transfer knowledge from leading critical access hospital (CAH) quality improvement (QI) staff to others.

One year ago, Stratis Health shared with you the first *Quality Time: Sharing PIE (performance improvement experience)* recorded conversations, available for listening directly through the [Sharing PIE webpage](#) or wherever you listen to [podcasts](#). In this series, the mentors come together and in 15 minutes or less, discuss key topics that help

Did You Know?

Each episode of Sharing PIE includes a favorite real pie recipe from one of the QI Mentors. Check out the pies below with links to the recipe.

QI Mentor Mariah Hesse favorite featured pie recipe: Dutch Apple Pie



QI Mentor Amy Arnett favorite featured pie recipe: Peanut Butter Pie



QI Mentor Christy Mintah favorite featured pie recipe: Apple Crisp Cheesecake Pie



QI Mentor Ben Power favorite featured pie recipe: Fresh Strawberry Pie



QI Mentor Cindy Gilman favorite featured pie recipe: Pioneer Woman's Pecan Pie



drive quality improvement in their CAHs. To date, they've shared their insights regarding:

- [Becoming a Quality Improvement Leader](#)
- [The Impact of COVID-19 on Quality Improvement](#)
- [Engaging the Whole Team](#)
- Hospital Leadership Series:
 - [Involving Board and Leadership to Drive Quality Outcomes](#)
 - [How Board and Leadership Drive Quality Outcomes](#)

We've also welcomed and posed your [Burning Questions](#) to the mentors. Sometimes mentors addressed your questions in the recorded conversations or responded directly; some were answered in feature MBQIP Monthly articles:

- [January 2021 – Energizing Quality Education](#)
- [April 2021 – Quality in Ancillary Departments](#)



Help Us Improve

As Stratis Health moves into the final months with the current mentors, we are interested in your feedback about how we've shared QI mentor knowledge with you, how you'd like to receive information in the future, and any other suggestions you have for making the best use of these excellent resources.

[Please take this brief survey and let us know:](#)

- Have you listened to any Quality Time: Sharing PIE episodes?
 - If not, why?
 - If so, has the information provided been useful in your job?
- Any suggestions you have for improvement and how we can leverage QI mentor knowledge and share it with you in the future

The National Rural Virtual Quality Improvement Mentor program is led by [Stratis Health](#). Contact [Sarah Brinkman](#) for more information.

Data



CAHs Measure Up: Reviewing Your Performance in EDTC Data Elements

The Emergency Department Transfer Communication (EDTC) measure is made up of eight data elements that are rolled up into the overall EDTC Measure. Reviewing your performance in each of these data elements is a great way to identify specific areas for improvement.

The screenshot in Figure 1 below is taken from a sample EDTC report produced by the Stratis Health Excel tool. (You may be using this tool or a different tool – the suggestions for improvement apply no matter which tool you are using.) The report summarizes the 22 total transfer encounters this hospital had in Q1 2021. (Per the [EDTC specifications manual](#), hospitals

should submit a minimum of 45 cases each quarter, but should submit all cases if fewer encounters occurred, as in this scenario.)

Overall, things look pretty good! Element 3 (Medications Administered in ED) has a bit lower performance than the others, so this hospital might want to explore what might be driving that lower performance.

This hospital could also look at performance according to discharge disposition. The report in Figure 1 summarizes all 22 transfer encounters in Q1 2021. What if we only look at transfers to Other health care facilities, specifically just Skilled Nursing Facility, Sub-Acute Care, or Swing Bed?

The report in Figure 2 summarizes the four encounters (a subset of the total 22) that were transferred from the ED to SNF, Sub-Acute Care, or Swing Bed. As we can see, performance here looks quite a bit different! Digging into the data by discharge disposition shows that this setting has more opportunities for improvement.

Review all the data elements that make up the EDTC measure and focus on improving your transfer communication documentation and processes for those data elements that have lower performance. Consider doing this overall, but also looking at performance by different discharge dispositions for further improvement.

Check out the MBQIP Quality Improvement Measure Summaries in the [Quality Improvement Implementation Guide and Toolkit](#) for CAHs for some ideas to get you started.

Figure 1 Discharge Disposition Shown: All

Data Elements	Q1 2021		n	%
	# of Records Reviewed (N)	# of Records		
	Number (n) and percent (%) whose medical record documentation and communication were			
1. Home Medications	22		20	90.91%
2. Allergies and/or Reactions			21	95.45%
3. Medications Administered in ED			18	81.82%
4. ED Provider Note			20	90.91%
5. Mental Status/Orientation Assessment			21	95.45%
6. Reason for Transfer and/or Plan of Care			20	90.91%
7. Tests and/or Procedures Performed			20	90.91%
8. Tests and/or Procedures Results			19	86.36%
Overall EDTC Measure (All eight data elements were documented and communicated in a timely manner)			18	81.82%

Figure 2 Discharge Disposition Shown: Other health care facilities (choose from dropdown menu) Sub-Acute Care

Data Elements	Q1 2021		Q2 2021	
	# of Records Reviewed (N)	# of Records	# of Records	# of Records
	Number (n) and percent (%) of patients whose medical record documentation and communication were			
1. Home Medications	4		2	50.00%
2. Allergies and/or Reactions			3	75.00%
3. Medications Administered in ED			1	25.00%
4. ED Provider Note			2	50.00%
5. Mental Status/Orientation Assessment			3	75.00%
6. Reason for Transfer and/or Plan of Care			2	50.00%
7. Tests and/or Procedures Performed			2	50.00%
8. Tests and/or Procedures Results			1	25.00%
Overall EDTC Measure (All eight data elements were documented and communicated in a timely manner)			1	25.00%

Tips



Go to Guides

Hospital Quality Measure Guides

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



Robyn Quips - tips and frequently asked questions

MBQIP Measures Submitted Yearly

May 17, 2021 is the upcoming due date for the two MBQIP measures that are submitted on an annual basis, OP-22 and HCP.

OP-22 – Left Without Being Seen is one of the measures in the CMS Outpatient ED-Throughput measure set. It is called a web-based measure by CMS rather than a chart-abstracted measure since the measure uses administrative data, not patient-level medical record data. It is the percent of patients who leave the Emergency Department without being evaluated by a physician/advanced practice nurse/physician’s assistant (physician/APN/PA).

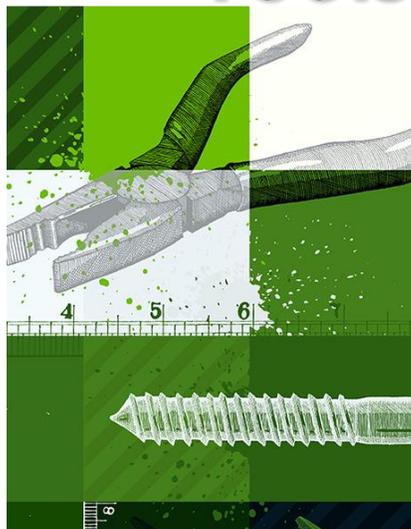
Data due on May 17 is for the year 2020. What you will need for submission is the number for the following two questions:

- What was the total number of patients who left without being evaluated by a physician/APN/PA?
- What was the total number of patients who presented to the ED?

If you have never submitted data for OP-22, check out the [April 2021 MBQIP Monthly](#) for where to find the measure instructions and information on how to submit using the new Hospital Quality Reporting (HQR) platform.

HCP – Influenza Vaccination Coverage Among Healthcare Personnel is submitted through the National Healthcare Safety Network (NHSN) site. The data due on May 17 is for the flu season October 2020 – March 2021. Quality Reporting Center provides this [checklist for enrolling and reporting HCP data in NHSN](#).

Tools



COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually being updated. The Rural Health Information Hub is regularly updating and adding links for Rural Response to COVID-19:

- [Federal and National Response Resources](#)
- [State Response Resources](#)
- [Rural Healthcare Surge Readiness](#)

Resources to Support COVID-19 Vaccination Efforts:

[Conversation Guide to Improve COVID-19 Vaccine Uptake](#)

A new guide from the Institute for Healthcare Improvement aims to help health care staff and leaders engage in conversations about COVID-19 vaccination, both at work and home. The guide supports rich conversations to listen, learn, and have a dialogue about questions and concerns.

[Building Vaccine Confidence, Acceptance, and Advocacy among Health Care Workers](#)

This toolkit, from Cynosure Health, is designed to equip hospital leaders with information, strategies, and tools to increase vaccine acceptance among health care workers and help them become confident advocates for COVID-19 vaccination in the communities in which they live and work.

MBQIP Resources

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, July 13, 2021, 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.

[HCAHPS Vendor Guide](#)

Updated in March 2021, this guide from the National Rural Health Resource Center provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) vendors to guide small rural hospital and critical access hospital vendor selection of this important, patient-centered survey process.

Rural Healthcare Provider Transition Project Learning Opportunities

Register now for this National Rural Health Resource Center four-part Learning Collaborative. Part of the new Rural Healthcare Provider Transition Project (RHPTP) initiative, the Collaborative will guide small rural hospitals and certified rural health clinics to prepare and position their organizations to be effective participants in a value-based health system.

- [RHPTP Eligible Learning Collaborative](#) | Last Monday of each month May-August 2021 – 12:00 p.m.-1:00 p.m. CT



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. (May 2021)