

MBQIP Monthly

Medicare Beneficiary Quality Improvement Project



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

In This Issue

1 CAHs Can!

Use Healthcare Quality Week To Show Why Quality Matters Now More Than Ever

3 Data: CAHs

Measure Up: Top 10 States with Outstanding Quality Performance

4 Tips: Robyn Quips – tips and frequently asked questions: In the Population or Not?

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.

Use Healthcare Quality Week To Show Why Quality Matters Now More Than Ever



Healthcare Quality Week is October 17-23! Organized by the National Association for Healthcare Quality (NAHQ), the week is a dedicated time to celebrate and raise awareness of health care and quality professionals' positive impact in their organizations and communities. Amid the global pandemic, quality has taken

center stage, and more health care professionals are being called upon to do this critical work. It's clear that quality matters now more than ever!

Even though it's been an extremely stressful year due to COVID-19, staffing shortages, natural disasters, etc., it's important to take the time to celebrate your successes in quality. Acknowledging and celebrating the great work staff has done during this time helps create a culture of teamwork and value, one of the leadership factors for organizational resilience.

Perhaps you can't celebrate in as big a fashion as you have in the past, or maybe your organization hasn't done anything specific for Quality Week before, and you want to start small; there are many relatively easy things you can do to show staff they are appreciated for their quality efforts.

In a recent Quality Improvement Mentor [performance improvement experience \(PIE\) conversation](#), Mentors Mariah Hesse, BSN, RN, CENP, from Sparrow Clinton Hospital, St. Johns, Michigan, and Brenda Stevenson, RN, from Titusville Area Hospital, Titusville, Pennsylvania, shared some of the ways they celebrate Healthcare Quality Week. You can adopt one of the many ideas they shared to get the celebration started at your facility.

Brenda said they play fun theme-based games every day of Quality Week, such as using a carnival theme. Games like Plinko, Pull the Duck, and Spin the Wheel go with this theme. Prizes are given to winners, along with carnival food (of course!) Other themes she has used are construction (building quality together) and Halloween scary. Brenda has also used a scavenger hunt and interactive games from the internet.



Making QI Fun themed event examples: Quality Carnival, Fall Celebration, Building Quality

Mariah shared how she also uses theme ideas for celebrating quality. For example, one year, they had a football theme with apple cider and donuts. She has also used quality/safety games such as word searches, word scrambles, and crosswords to provide a fun way of learning and celebrating quality initiatives at the hospital.

Resources from your QI Mentors

- [Making QI Fun – themed event examples](#)
- [Making QI Fun – sample scavenger hunt](#)

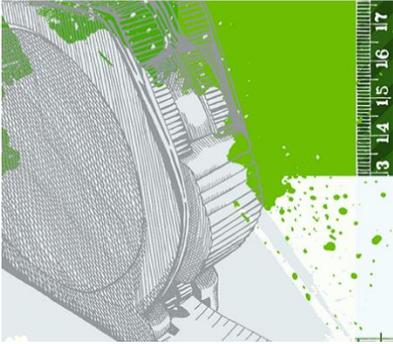
Other suggestions for celebrating Healthcare Quality Week include:

- A quality message or a video from the top management
- Provide quality training to your team
- Lunch and Learn sessions
- Poster competition
- Essay competition
- Suggestion system
- Employee recognition

Additional Healthcare Quality Week Resources will be posted [on the NAHQ website](#) in early October.

All health care workers and professionals have had an enormous impact on the quality of health care in their communities, especially during this pandemic. Recognizing and celebrating their efforts is a terrific way to help your staff feel valued.

Data

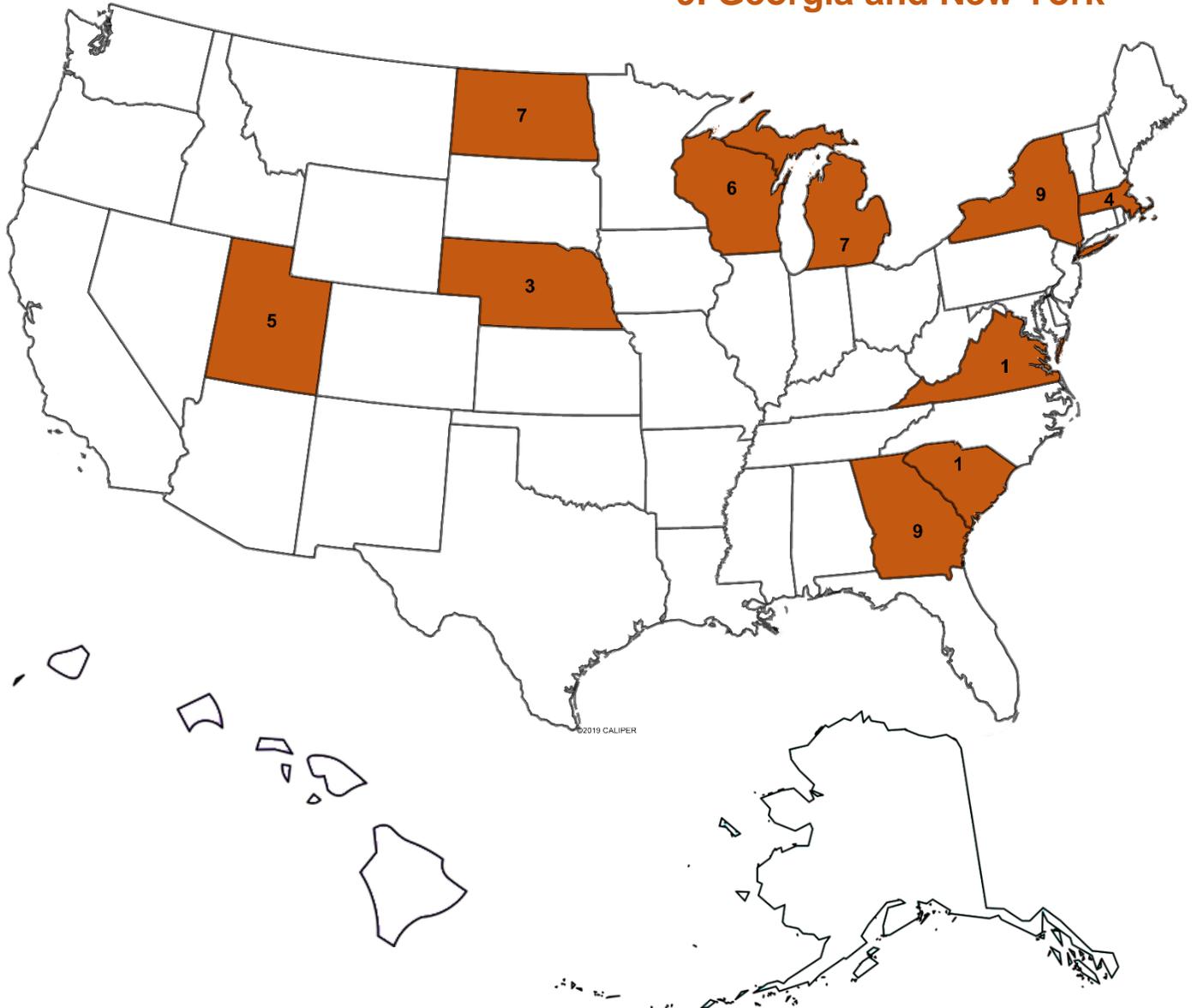


CAHs Measure Up: Top 10 States with Outstanding Quality Performance

At the [2021 annual gathering of Flex programs](#), awards were announced for the top 10 states with outstanding quality performance among their critical access hospitals (the Federal Office of Rural Health Policy (FORHP) State Quality Ranking). The 10 states awarded the FORHP State Quality Rankings were determined by compiling rankings of reporting and performance in patient safety/inpatient, outpatient, care transitions, and patient engagement measures for Q1 – Q4 2019. The map below shows the 2021 awardee states.

- 1. Virginia and South Carolina
- 3. Nebraska
- 4. Massachusetts

- 5. Utah
- 6. Wisconsin
- 7. Michigan and North Dakota
- 9. Georgia and New York



Tips



Robyn Quips - tips and frequently asked questions

In the Population or Not?

This month I'll address the difference between how a case gets included in or excluded from a measure set. This is different than being included or excluded from the initial population for a measure. Before you even start to abstract, you know which cases are included or excluded from the population, but you won't know if a case is included or excluded from a measure until after you complete your abstraction.

As I've said before, the first step in abstracting for the measures is to determine the population for that measure. Each measure set has specific requirements that a case must meet to be in the measure population. For example, every measure section in the Inpatient and Outpatient Hospital Quality Reporting Manuals lists the instructions for determining that measure's population. The requirements can include having a certain principal diagnosis code, being a certain age, being discharged to a specific type of facility, etc. Cases that meet these requirements are included in the population for a measure. They are the cases you abstract for that measure.

Ok, so now that you have determined which cases are in the population for the measure, what's next? You enter those cases into whichever data abstraction tool you use—every single one. You don't exclude any cases that meet the population requirements from the data abstraction. How you answer the data element questions determines whether a case is included or excluded from the measure.

Let me give you an example using the AMI measure OP-2, Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival. The population for the AMI measure set is based on patient age, ICD-10 principal diagnosis code, and discharge code. You're starting to abstract, and you see that none of the cases in your population were given fibrinolytics – you don't do that at your facility. Do you exclude those cases from abstraction? NO. The population for the AMI measure set doesn't say exclude those not given fibrinolytics. There is nothing about fibrinolytics in the population requirements. So, what do you do? You abstract those cases because they are part of the AMI population. When it gets to the data elements asking about fibrinolytics, you would answer no if the patient didn't receive any, and that case might be excluded from the measure criteria because of how you answered the data element questions.

So, to recap, if the case meets the initial measure population criteria, it gets abstracted, and the outcome of the abstraction determines whether the case is excluded from the measure. If the case isn't excluded, it either passes or fails the measure, again depending on how the data element questions are answered. For help on answering those data element questions correctly, check out the recorded [MBQIP Data Abstraction Training Series on YouTube](#). Don't let incorrect abstraction be a reason for your cases failing a measure.

Go to Guides

Hospital Quality Measure Guides

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



Tools



COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually 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](#)
- [COVID-19 Vaccine Rural Resources](#)

MBQIP Resources

[AHRQ Health Literacy Tools](#)

October is Health Literacy Month, and the Agency for Healthcare Research and Quality (AHRQ) has created a one-stop-shop for a variety of improvement tools, including the [AHRQ Health Literacy Universal Precautions Toolkit](#) and the [Pharmacy Health Literacy Center](#), as well as training programs, including [The SHARE Approach](#) and the [TeamSTEPPS Limited English Proficiency Module](#).

Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, October 12, 2021, 2-3 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.

Enhancing Antibiotic Stewardship Programs in Critical Access Hospitals Wednesday, November 17, 2021, 2-3 p.m. CT [Register](#)

During this webinar, speakers will discuss The Joint Commission's upcoming revisions to their antibiotic stewardship standards and highlight strategies to enhance antibiotic stewardship programs in critical access hospitals. This webinar will be co-hosted by CDC and HRSA's Federal Office of Rural Health Policy.

Updated! [MBQIP Data Submission Deadlines](#)

This single-page document contains a chart showing the MBQIP data submission deadlines through Quarter 1, 2022.



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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