

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: Astria Sunnyside 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 the profile below, Jessica Zering, PharmD, antimicrobial stewardship pharmacist for Astria Sunnyside Hospital in Sunnyside, Washington,

outlines what antibiotic stewardship (AS) looks like at her facility.

### Background

Astria Sunnyside Hospital (ASH) is a 25-bed critical access hospital located in Sunnyside, Washington. Sunnyside is a rural farming town situated in the heart of wine country, approximately three hours east of Seattle. ASH is part of the Astria Health system, which comprises two hospitals, 941 employees, and multiple rural health centers. ASH is proud to offer the community an intensive care unit, a general medical/surgical floor, a busy obstetrics service, an elective percutaneous coronary intervention program, and an oncology outpatient clinic. The patient population is made up primarily of people identifying as Hispanic. ASH's active antimicrobial stewardship program extends to its hospital and outpatient clinics.

### Our Antibiotic Stewardship Journey

Astria Sunnyside's AS program began in 2018. The hospital was interested in improving quality and medication safety through stewardship. Antimicrobial stewardship is Jessica's passion. With support from leadership, she became the program leader. Jessica began with the simple goal of making recommendations on daily rounding. She would take a copy of an antibiotic census that her department would fill out to rounds with

ASH’s hospitalist. The program’s pathway evolved over time, inspired by a particular milestone involving an adverse drug event Jessica witnessed in 2018. A patient was admitted to ASH with a diagnosis of encephalopathy after receiving carbapenem for a week for an extended-spectrum beta-Lactamase (ESBL) urinary tract infection (UTI). Jessica recommended stopping the carbapenem to the hospitalist, as she suspected that the utilization of carbapenem was the true cause. Three days later, the patient was discharged home. It was the most impactful moment of her clinical career at the time, and it made her realize that antibiotic stewardship was truly a medication safety initiative. Jessica began to focus her efforts on building a comprehensive program that would encourage the safe use of antibiotics to prevent other patients from going through a similar event.

**Leadership & Accountability**

Jessica is responsible for antimicrobial stewardship at her facility. Senior leadership supports the stewardship program by equipping the program with tracking and reporting tools, providing dedicated time for rounding/pre-rounding, and financially supporting membership to the University of Washington’s Tele-Antimicrobial Stewardship Program (UW-TASP). The hospital’s AS program is accountable via monthly reports to our Pharmacy and Therapeutics Committee (P&T) and ASH’s Board of Directors.

**Drug Expertise**

Jessica and the highly knowledgeable team at UW-TASP contribute to the program’s drug expertise. She has completed part of the MAD-ID (Making a Difference in Infectious Disease) certification and attends UW-TASP’s educational sessions weekly. Jessica makes recommendations to the hospitalists on her rounds, educates via either one-pagers at committee meetings or on rounds directly, and actively monitors for side effects of antibiotics during her pre-rounding.

**Action**

- **Facility-Specific Treatment Recommendations**

ASH’s antibiogram is updated annually by the stewardship pharmacist and represents both inpatient and outpatient cultures. The *E. coli* data are stratified by urine and non-urine sources. ASH also tracks its ESBL data and shares which specimens and locations they were isolated from in the annual antibiogram update report sent to providers. The stewardship pharmacist uses the data from the antibiogram to create facility-specific antibiotic prescribing guidelines for common infectious diseases.

- **Prospective Audit and Feedback**

ASH’s outpatient program sets an annual goal for its outpatient centers to follow. Utilizing its EMR, a monthly report is generated that shows which antibiotics were prescribed for a given diagnosis code.

These data are then compiled into a graphical report to visually show providers which antibiotics were the most prescribed in the past month or quarter for a given diagnosis. Each quarter, outpatient providers are emailed a form email giving them feedback on their prescribing practices for the quarter. Their performance is also compared to that of their peers. For the inpatient program, the AS team developed a

Room	Pt Name	Age (M/F)	Diagnosis	Renal Failure?	Antibiotics	Dose/Freq	Organisms	Date Started	Notes/Intervention
A	Example, Patient	60M	UTI	CrCl 60+	Ceftriaxone	1g qd	E. coli in urine culture	12/05	No known allergies
B	Example, Patient 2	60M	Community Acquired Pneumonia	Dialysis	Ceftriaxone Azithromycin	1g qd 500mg qd	Pending sputum culture	12/05	Allergy to Levaquin
C									

Example AS Rounding Tool

census table that they fill out as they verify orders throughout the day. Interventions are tracked in a database program that allows them to create graphs for monthly reports.

- **Handshake Stewardship**

ASH’s inpatient program uses a “Handshake Stewardship” approach. Daily, the AS program makes recommendations for de-escalations and discontinuations and provides quick education to its hospitalists while rounding. The AS team has been doing this for four years. The most successful portion of the program, this approach has allowed the AS team to create excellent professional relationships and learn more about how they can help their busy physicians and nurses. In addition, a designated on-call pharmacist is available to consult after hours.

- **Documentation of Indication for All Antibiotics**

Astria Sunnyside’s electronic health record (EHR) prompts for an indication for all prescribed antibiotics. This allows for pharmacists in real-time to see why an antibiotic is prescribed. This is effective when used in conjunction with handshake stewardship or real-time interventions.

## Tracking & Reporting

### *Inpatient Stewardship:*

ASH's 2021 goal was the reduction of carbapenem usage by 5% over last year's days of therapy. Data reported to ASH's P&T Committee, and the hospital's Board of Directors include the following:

- Number of pharmacist recommendations made
- The percent acceptance rate
- The days of therapy of carbapenems
- How many days of carbapenem therapy were considered appropriate/not appropriate as per ASH guidelines
- The # of adverse drug events specifically caused by antibiotics

These data have helped guide education efforts, identify barriers, and increase support for the stewardship program.

### *Outpatient Stewardship:*

ASH's 2021 goal was to reduce fluoroquinolone prescriptions for UTIs by 5% over last year's days of therapy. Data reported to Astria Sunnyside's P&T Committee and the hospital's Board of Directors include antibiotics prescribed for UTI for the month or quarter. In addition, data are compared to the previous year as a quarter-by-quarter comparison. These data help to guide education efforts and support for outpatient providers.

## Education

The AS team utilizes a centralized spot on the Astria Health intranet page to disseminate education and tools. The antibiogram and institutional-specific guidelines are uploaded there along with other AS resources. They have found this to be a highly effective way to share essential information across all parts of their system. Other education consists of sharing UW-TASP lectures with medical staff or writing one-pagers about an adverse drug event in a patient. They found that education is most effective when delivered in person, such as during rounds or at a committee meeting. Education delivered via email may be missed. Education is also delivered to all clinical staff via a yearly required computer module. Patients are educated via EHR handouts provided in multiple languages or by pharmacists doing discharge consults, with the assistance of a translating service where necessary. They also have hung up two types of posters in their clinics and emergency department: *Antibiotic Stewardship Commitment* posters in the lobby of each antibiotic-prescribing clinic and *Bacteria vs. Viruses* posters from the CDC in each clinic room.

## Collaboration

ASH's stewardship program has given a PowerPoint discussion educating nursing staff at a local nursing home on the benefits of antimicrobial stewardship. The outpatient stewardship program sets an annual goal and provides prospective audit and feedback across all ASH urgent care and family practice clinics.



Jessica Zering

### Words of Wisdom and Advice

Jessica shared these words of wisdom: "Antimicrobial stewardship is first and foremost a medication safety initiative. Antibiotics can cause truly significant harm. Broad-spectrum antibiotics have caused some of the worst side effects observed by the members of our stewardship program. Even at renally-adjusted doses, antibiotics such as cefepime and ertapenem can respectively cause severe neurotoxicity and encephalopathy. Adverse drug events can confound a physician's diagnosis, lead to increased lengths of stay in the hospital, and lead to unnecessary invasive testing. Having a pharmacist as a stewardship program lead is essential. We may often be the ones to identify and share with the lead physician that these adverse drug events are occurring. Encouraging proper de-escalation and monitoring patients as part of the

pre-rounding process may also be powerful ways to prevent or catch an adverse drug event as it happens. Tracking, trending, and sharing these local data events are also powerful ways to gain support for stewardship in the process.

No one is an island. We all need support. Building good, collaborative relationships is key to maintaining a good stewardship program. Get to know clinical staff and see how your stewardship program can help them meet their needs. Make sure to have fun in the process!"

# Data



## CAHs Measure Up: Random Sampling

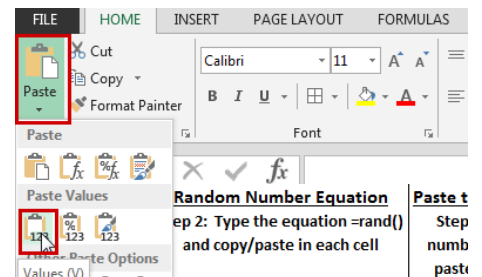
Not all CAHs use sampling – but if you have a large population for a measure, you may be interested in sampling cases so that you don't have to abstract as many! There are numerous ways to pull a random sample, but we wanted to share one Excel-based technique for random sampling. In the example below, a hospital is sampling records for one month of the EDTC measure, which asks for at least 15 records a month. This hospital has 25 records for this month. They could abstract all 25 but have decided that they'd like to randomly sample 15 instead.

**Step 1:** Identify the full population from which to sample. Enter patient IDs (or some identifier) for that population into Excel. See Column A in the image below.

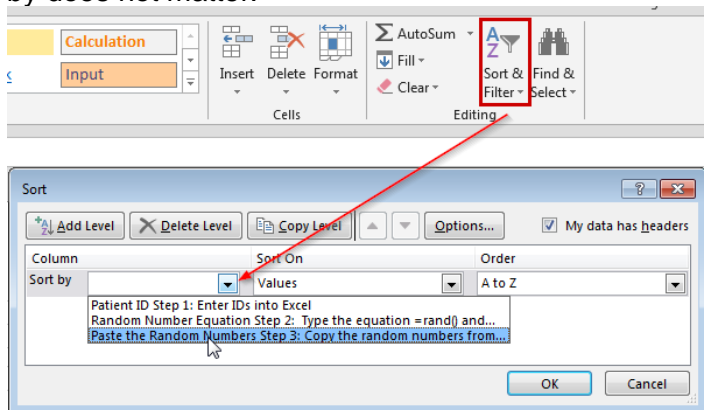
**Step 2:** In the next column, type the equation =RAND() in the cell next to the first patient ID. Hit enter, then copy/paste that equation into all the remaining cells in that column. See Column B in the image below.

	A	B	C
	Patient ID Step 1: Enter IDs into Excel	Random Number Equation Step 2: Type the equation =rand() and copy/paste in each cell	Paste the Random Numbers Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.369	0.047
3	A02	0.623	0.241
4	A03	0.346	0.642
5	A04	0.164	0.527

**Step 3:** The random numbers in Column B will regenerate. To get a snapshot of the random numbers, copy the random numbers in Column B, then paste them in the next column (Column C) using "Paste Values." See the image at right for the "Paste Values" option. (Note – the values in the column with the equation will automatically change when you copy and paste values. This is to be expected and will not affect the rest of the process.)



**Step 4:** Select all three columns, then Sort them by the third columns (containing the "Paste Values" version of the random numbers). The order you sort by does not matter.



**Step 5:** Pick the first 15 patient IDs (now that they are sorted randomly) – highlighted in the image below. These are the records to be abstracted.

	A	B	C
	Patient ID Step 1: Enter IDs into Excel	Random Number Equation Step 2: Type the equation =rand() and copy/paste in each cell	Paste the Random Numbers Step 3: Copy the random numbers from the left, and paste. Use 'Paste Values'
1			
2	A01	0.689	0.047
3	A07	0.089	0.152
4	A08	0.110	0.176
5	A18	0.947	0.184
6	A02	0.467	0.241
7	A23	0.886	0.250
8	A15	0.817	0.251
9	A11	0.095	0.390
10	A14	0.304	0.423
11	A05	0.862	0.440
12	A04	0.678	0.527
13	A16	0.693	0.557
14	A19	0.137	0.575
15	A13	0.614	0.604
16	A03	0.134	0.642
17	A17	0.978	0.667

# Tips



## Robyn Quips - tips and frequently asked questions

### Reporting Tidbits

**Is your hospital submitting HAI data, but that information isn't showing up on your additional MBQIP reports?** Check to see when the data is being submitted. Although NHSN allows submission for HAI data at any time, since CMS provides the information for the reports, the data must be submitted by their quarterly deadlines. The CMS deadline for HAI data submission to NHSN is the same as the due date for their inpatient chart abstracted measures. Q3 2021 HAI data must be submitted to NHSN by Feb 15, 2022, to make that quarter's MBQIP reports. CMS inpatient reporting deadlines are listed on the Monthly MBQIP Data Reporting Reminder resource that we make available for the hospitals each month. The report developers only receive the current quarter's data. They don't get updated data for previous quarters, so if you miss the deadline, that quarter's data will never show on the MBQIP report.

**HARP and HQR are not the same.** HCQIS Access Roles and Profile (HARP) is the account that gives you access to Hospital Quality Reporting (HQR). You must get set up with a HARP account before you can request access to HQR.

[Watch this CMS tutorial for help creating a HARP account.](#)

[Check out these CMS instructional videos](#) for further instructions to help you navigate HQR.

**The data submission screen for OP-22, Left Without Being Seen, is now ready for data submission.** Log in to your HARP account and go to the Web-based Measures tab in the HQR portal. The data is due May 16, 2022. More on this measure reporting in upcoming issues.

### Final Reminder Before the Due Date

The 2021 Patient Safety Annual Facility Survey forms and the respective tables of instructions are available and can now be completed within NHSN. The deadline to complete the annual survey is **March 1, 2022**. We encourage those users responsible for submitting the annual survey to review the form before accessing it within NHSN, as there may be a need to consult with other members of your organization to complete certain questions.

[Download a blank copy of the Patient Safety annual facility Acute Care Hospital Survey.](#)

### Go to Guides

#### Hospital Quality Measure Guides

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



# 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 and National Rural Health Association are 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](#)

**[Long COVID ECHO Webinar Series](#) – Thursday, February 10, 2:00 p.m. CT.** The Health Centers of San Diego, the ECHO Institute, University of Washington, and University of Colorado have collaborated to provide CDC-funded [monthly webinar-style ECHO learning sessions](#) to rapidly disseminate findings and best practices related to patients experiencing ongoing health challenges after COVID-19 infection, a condition generally known as “Long COVID.” This is a monthly webinar series with sessions currently scheduled from February through June.

## MBQIP Resources

### Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors

Tuesday, April 26, 2022, 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](mailto:rcarlson@stratishealth.org).

### Now available! [Patient Safety Annual Facility Survey](#)

2021 Patient Safety Annual Facility Survey forms along with the respective tables of instructions are available and can now be completed within the CDC National Healthcare Safety Network (NHSN). The deadline to complete the annual survey is March 1, 2022. Users responsible for submitting the annual survey are encouraged to review the form before accessing it within NHSN, as there may be a need to consult with other members of your organization to complete certain questions. A table of instructions that provides guidance on each survey question is also available along with instructions on how to find and submit the survey.

[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). Calendar Year (CY) 2021 submission deadline is March 31, 2022.



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