

## Medicare Beneficiary Quality Improvement Project



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

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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.

## CAHs Can! Engaging Hospital Boards in Quality

Hospital boards have a vital role in ensuring that high-quality patient care is a top priority for their organizations. Board members in critical access hospitals (CAHs) are frequently members of the community where the hospital is located. In addition, they often experience the hospital's services as either patients themselves or as family members/loved ones of patients.

In the following article, several of the RQITA national Virtual Quality Improvement ([QI](#)) Mentors share strategies for engaging their boards in quality.

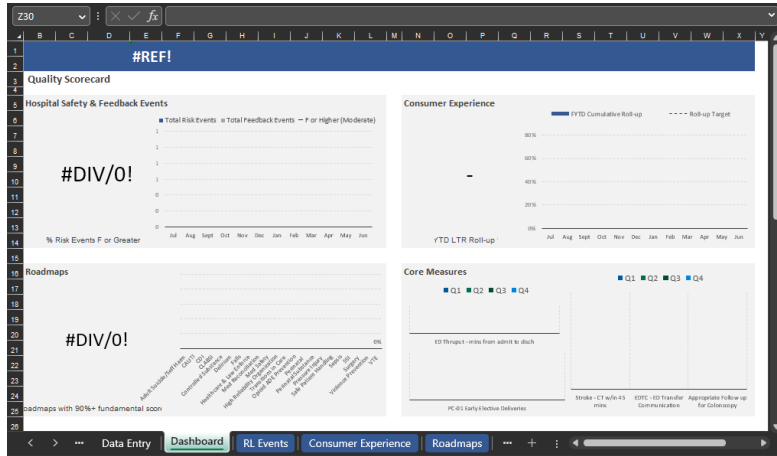


*QI team member presenting at board meeting, Pulaski Memorial Hospital, Winamac, IN*

One common strategy is for quality leaders to attend board meetings to present quality initiatives, metrics, and opportunities. The QI mentors report attending and presenting at board meetings anywhere from monthly to annually, with many attending quarterly.

Sharing quality data in a dashboard form has been an effective way to show and compare data in an easy-to-understand manner. For example, mentor Caryn Bommersbach, director, quality assurance & medical staff compliance from [CentraCare](#) in central Minnesota, developed an [Excel QI dashboard tool](#) to share safety and feedback events, consumer experience scores, best practice roadmap completion, and core measures with the board. In addition, since CentraCare consists of multiple hospitals, including seven CAHs, Caryn displays the publicly reported measures from [Care Compare](#) in a color-coded grid so board members and administrators can see how their hospital compares to the other hospitals in the system. Caryn said that the board members always like to see the new data when it is updated quarterly to see how their hospital ranks against the other hospitals in the system.

In addition to providing data in graphs and charts, the QI mentors use storytelling to help make the data more meaningful. For example, mentor Gloria Barth, PI/QA Manager from [Harrison County Hospital](#) in Corydon, Indiana, uses storytelling about falls in their facility to connect the numerical data to actual incidents. She also describes some of the fall risk factors they monitor at the hospital. “Once we explain why we do what we do, it’s more engaging for the board, Gloria said.” Caryn also shared that she uses this approach, “It’s more than



just about numbers. We have a lot of data we can show them. But we also tell the patient stories behind the numbers to connect the data to the real-life experiences of patients and families.”

Educating about quality is another strategy that the QI mentors utilize to engage their boards. For example, Tammy Sudtelgte, QI and utilization review coordinator at [Floyd Valley Healthcare](#) in Le Mars, Iowa, offers a one-to-one onboarding orientation for new board members to help them better understand the quality information they will hear at board meetings. She also informs the new member of board responsibilities and duties and the various

CentraCare QI Dashboard tool

reporting programs. She has developed a flow diagram to show how quality information flows from the departmental reporting to the quality office and then the role of the quality department in supporting improvement efforts. In addition, she gives an abbreviation guide to help the board member understand the terminology used regarding quality.

Linda Webb, chief nursing officer at [Pulaski Memorial Hospital](#) (PMH) in Winamac, Indiana, has used [Eliminating Harm, Improving Patient Care: A Trustee Guide](#) to educate the board at PMH. Several years ago, she completed the modules in the guide with the board. She’d discuss the modules and then relate the content to what they were doing at PMH to improve patient safety.

While they undertake unique approaches based on their facility needs and board make-up, the national QI mentors all agree on the importance of strong and committed leadership, including well-informed and engaged boards that prioritize quality and safety, are actively involved in setting improvement goals, and are dedicated to advancing quality and safety within their organization.

For more information and resources on engaging hospital boards in quality, check out the IHI white paper [Framework for Effective Board Governance of Health System Quality](#)

This white paper includes the following:

- **Framework for Governance of Health System Quality:** A clear, actionable framework for oversight of all the dimensions of quality.
- **Governance of Quality Assessment tool** for trustees and health system leaders to evaluate and score current quality oversight processes and assess progress in improving board quality oversight over time.
- **Three Support Guides:** Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality, which QI leaders can use to advance their education for trustees.



## CAHs Measure Up: New Birthing-Friendly Hospital Designation

Hospitals Must Report the Maternal Morbidity Structural Measure by May 15 To Be Eligible

The [Birthing-Friendly Hospital designation](#) was developed by the Centers for Medicare and Medicaid Services (CMS) to provide a public-facing hospital designation on the quality and safety of maternity care. This is the first-ever hospital quality designation by the U.S. Department of Health and Human Services that specifically focuses on maternal health



and will be an important marker for any hospital offering maternal services. CMS has indicated they plan to post the hospital designation on Care Compare beginning in Fall 2023. Commercial payers have also indicated that they will start posting the designation in their provider directories ([AHIP Affirms Commitment to Improving Maternal Health - AHIP](#)).

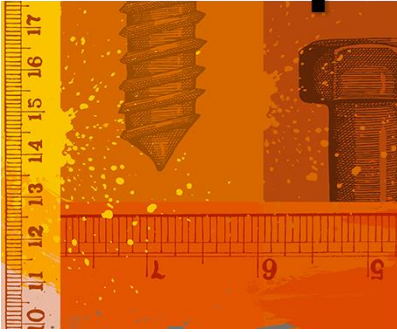
CMS is using the [Maternal Morbidity Structural](#) measure as the initial criteria for the Birthing-Friendly Hospital designation:

- The measure asks about hospital participation in a perinatal quality improvement (QI) collaborative and implementation of maternal morbidity-related patient safety practices or bundles.
- It is reported through the HQR Secure Portal.
- The calendar year (CY) 2022 submission period for the Maternal Morbidity Structural measure will be April 1 – May 15, 2023.
- For CY 2022, if a facility participated in a perinatal QI collaborative anytime during the year, it would satisfy the requirement.
- For additional details about the measures, check out the following:
  - [Maternal Morbidity Structural Measure Specifications](#)
  - [Maternal Morbidity Structural Measure Quick Reference Guide](#)

Critical access hospitals are not required to submit the measure as part of the Inpatient Quality Reporting Program. **However, those providing birthing services are strongly encouraged to report the measure to receive the designation if they meet the measure criteria.**

For more information about Perinatal Quality Collaboratives and maternal health patient safety bundles, visit the [National Network of Perinatal Quality Collaboratives](#) and the [Alliance for Innovation on Maternal Health](#).

# Tips



## Robyn Quips - tips and frequently asked questions

### Annual Measures OP-22 and HCP

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

Data due on May 15, 2023, is for the calendar year 2022. 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 haven’t submitted data for OP-22 before, you can find the measure instructions in the [CMS Hospital Outpatient Quality Reporting Manual](#).

Like the chart-abstracted measures, OP-22 is submitted via your HARP account to the Hospital Quality Reporting (HQR) platform. To submit OP-22:

1. Log into HARP, and under the Dashboard, select **Data Submissions**.
2. Click on the **Web-based Measures** tab and select the **Data Form** option to enter your data.
3. Your view should look like the screenshot at right; the payment year should be 2024 for the reporting period 01/01/2022-12/31/2022. Click on **Start Measure for OP-22**

4. Enter your numerator and denominator, then select the **Submit** button.

5. Look for the **green check mark** saying Submitted.

Continued on next page.

## Go to Guides

### Hospital Quality Measure Guides

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

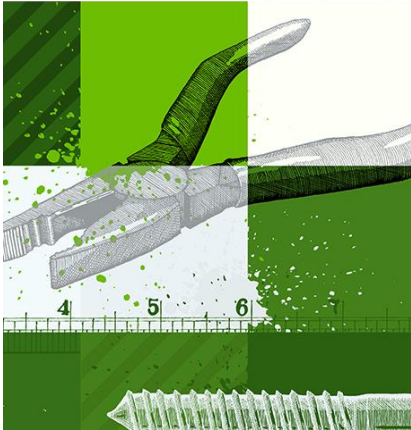


You no longer must address the other two measures on the page before you can submit data for OP-22. Your screen will show the yellow caution symbol next to the measure showing you did not submit data, and that is ok because OP-29 and OP-31 are not part of the MBQIP core measures. If you do not wish to submit data for OP-29 and OP-31, you can just check the “Please enter zeros for this measure as I have no data to submit” box for measures OP-29 and OP-31 like you did in prior years and the caution symbol will be replaced with the green check mark indicating submission.

### HCP – Influenza Vaccination Coverage Among Healthcare Personnel

HCP – Influenza Vaccination Coverage Among Healthcare Personnel is submitted through the National Healthcare Safety Network (NHSN) site. The data due on May 15, 2023, is for the flu season October 2022 – March 2023. The CMS Quality Reporting Center provides this [checklist](#) for enrolling and reporting HCP data in NHSN.

# Tools



## MBQIP and Rural Health Resources

**Ask Robyn – Quarterly Open Office Hours Calls for Data Abstractors Tuesday, April 25, 2023, 2:00 – 3:00 p.m. CT – [Register](#)**

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will offer open office hours 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).

## **Updated!** [MBQIP Data Submission Deadlines](#)

A single-page document that contains a chart showing the MBQIP data submission deadlines through Quarter 3, 2023.

## National Healthcare Decisions Day (NHDD) is April 16

NHDD can be an opportunity to highlight the importance of advance care planning as part of high-quality care delivery. The resources listed below may be helpful to inspire, educate and empower the public and providers about the value of advance care planning.

- [National Healthcare Decisions Day](#). Organizations can pledge to participate, identify other partners or organizations that are engaged, and find tools, ideas, and suggestions to highlight advance care planning in your community.
- [The Conversation Project](#). Tools and resources for individuals, families, and communities to help people talk about their wishes for end-of-life care.
- [“Conversation Ready”: A Framework for Improving End-of-Life Care](#). This Institute for Healthcare Improvement white paper provides a framework and implementation guidance to help health care organizations and clinicians provide respectful end-of-life care. Free login may be required.

## 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](#)
- [Rural Healthcare Surge Readiness](#)
- [COVID-19 Vaccine Rural Resources](#)

**[One-Stop Online COVID Prevention and Treatment in Every County](#)**. Enter your county to find local COVID-19 guidance and resources.



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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