MBQIP Monthly

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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.

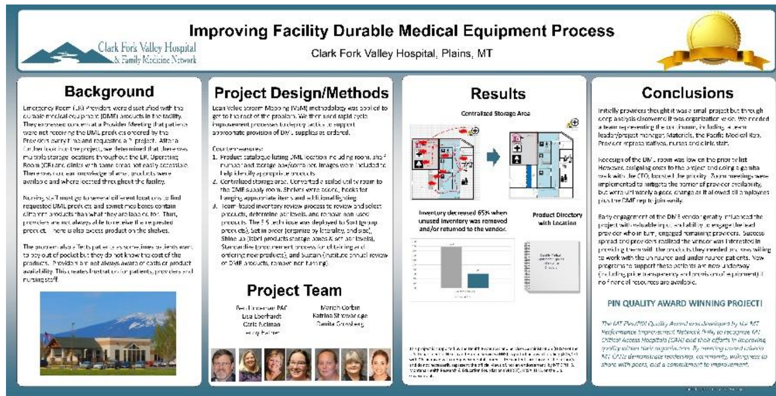
Find past issues of this newsletter and links to other MBQIP resources on TASC's MBQIP Monthly webpage.

CAHs Can! QI Mentor Stories - Improving Durable Medical Equipment Process

This MBQIP Monthly series highlights each of the critical access hospital (CAH) staff currently serving as National Virtual Quality Improvement Mentors as they share examples and advice to address common CAH quality improvement (QI) challenges. This is the first story in a series of Quality Improvement Stories that we will be featuring in the newsletter.

Katrina Strowbridge, BSN, RN, CPHQ

The emergency room (ER) team at Clark Fork Valley Hospital (CFVH) in Plains, Montana identified an opportunity to improve the process for management of durable medical equipment (DME) products in their facility, including increasing knowledge regarding what products are available and where they are located to ensure patients consistently received the correct DME products. National Virtual QI Mentor, Kitty Strowbridge, performance improvement manager at CFVH, was part of the team that adopted a systemic and well-thought-out approach for optimizing the process of receiving DME products. They put together this conference style poster to share the details of their project including the method, results, and conclusion. Upon reviewing the poster, Kitty's fellow QI mentors had a few follow-up questions about the project.



What part of the team, if any, was the most difficult to get 'buy-in' from regarding this project? How was this overcome?

Getting buy-in from providers was the biggest barrier we had when our team formed. We have 14 providers who utilize the DME inventory representing primary care, surgical services, and the emergency room. Initially, we presented this project to the medical staff at large and did not gain traction. However, we successfully removed this barrier when we specifically requested a medical staff champion to lead the provider product selection and inventory process. We chose the provider who had the most frequent complaints about the products and was the squeaky wheel. We connected the medical staff champion with the DME Sales representative, and they developed a new relationship through this connection which alleviated 99% of the provider's concerns. Once those concerns were alleviated, this provider spearheaded product review in a collaborative manner with team members, the DME provider, and the medical staff at large. The simple act of providing a venue to have conversations decreased this barrier.

What are Gemba walks and what role did that play in this project?

Gemba is a term used in Lean methodology that means "where the value is". To take a Gemba Walk, an individual goes to where the value is, the front lines. A Gemba walk is important because it allows a leader to experience a workflow and process through the eyes of the end users and understand the unique challenges of each process. For this particular project, we needed the Chief Financial Officer (CFO) to experience the process the same as a front-line user would. We were experiencing barriers of getting buy in from the Plant Services Department to remodel the closet and space needed to improve the overall experience. The CFO's signature was what was needed to move the project, however, she needed to understand the level of priority this project needed. So, we took her to the unit and we walked her through the process of obtaining a requested DME product in the existing workflow. This resulted in a walk that went throughout the organization where DME product was previously stored, facing the same frustrations front-line staff experienced having to go from location to location. Once she completed the Gemba Walk, she immediately signed off on the construction project and things moved rapidly. However, had she not gone to where the value was, and completed this Gemba Walk, she would have never deeply understood the process as a front-line user would.

Can you explain how you utilized Value-Stream Mapping in this project?

For this particular project, we deployed spaghetti mapping to support visualization of the actual workflow within the unit(s). This model of lean value stream mapping supports identifying redundancy in a process while illustrating actual flow of a process utilizing a floor plan. Areas of flow are represented by lines, each line is a "noodle" and the term spaghetti mapping comes from this application. Kaizens, or storm clouds, populate the map where redundancy in flow is identified. These storm clouds then become the area of focus for improvement. The goal is to reduce redundancies and improve the flow. You can see the original map with spaghetti lines in red with kaizens throughout representing the issues. The second map, the ideal state, lacks those red spaghetti lines illustrating that through the improvement process described, we were able to improve staff efficiency through centralization of product and streamlining workflows.

Check out the full poster to learn more and read the complete Q&As regarding the project.

Recipe for a Successful Performance Improvement Experience (PIE)

The National Rural QI Mentors recommend utilizing the PIE recipe as a framework for ensuring quality improvement projects have all the necessary ingredients and follow the appropriate steps (directions) for a successful outcome.

The PIE recipe allows QI mentors to leverage their lived experience through quality time conversations that advance quality in critical access hospitals. In this project, the key ingredient highlighted was administrative and clinical leadership support.

Recipe for a Successful Performance Improvement Experience (PIE)

QI Mentors share more at www.stratishealth.org

Serves: Staff and Patients

Bake: As long as it takes for excellent results. This may vary relative to the quality of the ingredients.

Ingredients*:

- Administrative and clinical leadership support
- Committed staff
- Culture that promotes teamwork, communication, and accountability
- Engaged patients and families
- Continuous improvement with data

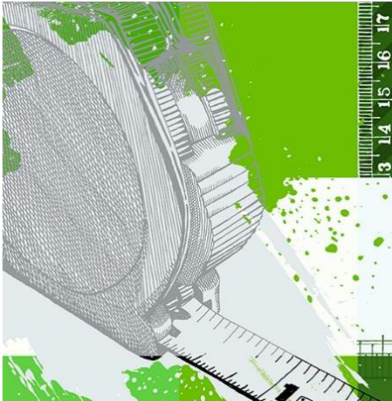
*Note: PIE is best enjoyed with the right people at the table.

Directions*:

1. Identify opportunities for improvement
2. Prioritize and select area to improve
3. Measure current performance
4. Analyze the problem
5. Choose strategies
6. Set process and outcome goals
7. Plan the change(s)
8. Implement change(s)
9. Study results
10. Adapt, adopt, or abandon change(s)
11. Monitor results
12. Sustain improvements
13. Enjoy the results!

*Note: May need to tweak the directions if results are not to your liking.

Data



CAHs Measure Up: OP-18 National Performance

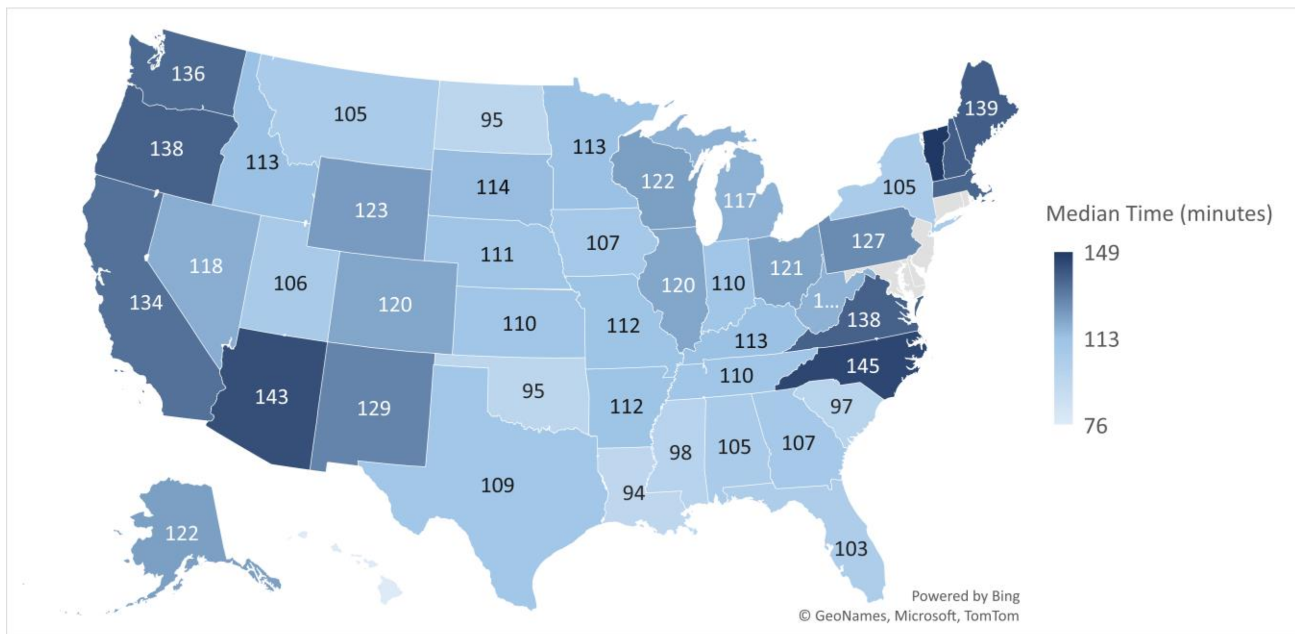
The OP-18 outpatient measure is a crucial metric in evaluating a healthcare facility's quality of care. This measure focuses on the time patients spend in the emergency department before being sent home. In Q3 2022, the national average for median time among critical access hospitals (CAHs) was 117 minutes, with the 90th percentile at 90 minutes. To evaluate your hospital's performance as of Q3 2022 encounter data, we have provided a map highlighting the median time patients spent in the emergency department before being sent home in each state. Reviewing this data can help identify opportunities for quality improvement.

Here are some specific interventions that health care facilities can implement to improve their performance on this measure:

- Implement a nurse triage and registration system at bedside to prioritize patients based on the severity of their condition, reducing the time patients spend in the emergency department.
- Communicate effectively among staff and with patients which reduces time spent in the emergency department. Provide clear instructions to patients and keep them informed about any delays.
- Review and improve patient flow which to identify bottlenecks and inefficiencies in the system, such as streamlining registration processes, improving patient hand off processes, and ensuring that high-acuity patients are seen bythe appropriate healthcare provider as quickly as possible.
- Track and monitor your facility's performance data to identify areas for improvement and implement interventions based on identified trends. Share this data with ED managers, staff, and providers regularly.
- Explore successful strategies from other facilities can provide ideas for possible interventions such as triaging patients in hallways or their cars, rooming quickly for respiratory issues or mentions of "COVID-19", and implementing a call-back process.

For more strategies, utilize the AHRQ resource [Improving Patient Flow and Reducing Emergency Department Crowding]

OP-18 CAH Performance by State (2022)



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

Abstraction tidbits

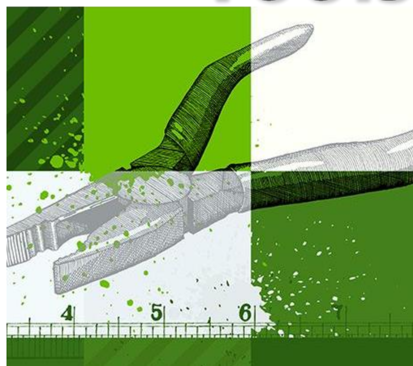
With Q4 2022 outpatient measure abstraction ending May 1st, the start of 2023 abstraction begins. Some may have already started and with the switch to the new year, hopefully you began using the correct Hospital Outpatient Quality Reporting Specifications Manual for 2023 encounters. **You should be using the manual version 16.0a for patient encounters between 1/1/23 – 12/31/23.**

The only way to know if instructions/specifications for the measures have changed from the prior year is to read the Release Notes that accompany each new version of the manuals. The Release Notes are found on the same site as the Specifications Manuals. Since manuals come out far in advance of the date they are to be used, there can often be more than one set of Release Notes. Therefore, it is important for you to look and see if there are multiple sets of notes. In addition to being called out in the Release Notes document, additions are highlighted in yellow in the new manual versions. However, just looking to see what is highlighted in yellow is not going to show you what might have been removed. It's a nice feature, but you will miss changes if you only look for the yellow highlights.

For those of you that use the paper abstraction tools, they have been updated as well. These can be found by selecting **Abstraction Resources** under Data Collection and CART on the Outpatient Hospital Data Management page. Make sure to select the 2023 timeframe before printing out the tool.

Although the instructions for abstracting are the same for everyone, not all abstract the same. Some of you might be in situations where the data from your electronic health record is submitted directly to Hospital Quality Reporting (HQR). Some might have the data downloaded directly into CART or a vendor tool and you then submit to HQR. Some do the entire process manually. They open the medical record, read through the chart to answer the data element questions, enter in CART, and submit to HQR. If you are not in a situation where any of this reporting process is automated for you, then you need to do it manually (and yes this still happens for many). Not having data downloaded directly from your electronic health record (EHR) system into an abstraction tool is not a reason for not reporting. It is great if your hospital can set it up (remember you are still responsible for the accuracy of the data so make sure it is being pulled correctly) but if you don't have the IT staff or EHR capabilities then manual abstraction and submission is the way it must be done.

This is the last reminder before the May 15, 2023 due date - don't forget to submit OP-22, Left Without Being Seen and HCP, Influenza Vaccination Coverage Among Healthcare Personnel! If you aren't sure how to submit,check out the April issue for instruction



MBQIP and Rural Health Resources

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

HCAHPS Vendor Guide
Updated in March 2023, this National Rural Health Resource Center guide provides information on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) vendors to guide small rural hospitals and critical access hospital vendor selection of this important, patient-centered survey process.

Learning about Long COVID & Fatiguing Illness
Monthly, next session Thursday, May 11 at 3:00 pm ET. The Centers for Disease Control and Prevention funds this monthly webinar-style ECHO learning session to rapidly disseminate Post-COVID Conditions (PCC) findings and emerging best practices. The series offers didactic presentations by subject matter experts, examples of emerging best practices and models of care, and a facilitated Q&A. This program is intended primarily for providers who care for patients with PCC and ME/CFS but is open to all healthcare professionals and all Long COVID and ME/CFS patient-lived experience experts interested in learning more about the treatment of Long COVID and ME/CFS.

Register for Rural Suicide Prevention Workshops
May 23, and July 25. This comprehensive training for service providers in rural communities includes special focus on youth, substance use, and Indigenous communities. The interactive workshop features video demonstrations, active discussion groups, and access to the latest research on best practices. Attendees will get free, ongoing support – including online discussion forums and monthly Q&A video calls – for one year after the workshop. This opportunity is provided by the University of Rochester Recovery Center of Excellence (COE), one of three COEs supported by the Federal Office of Rural Health Policy.

COVID-19 Information

Resources to support health care providers in responding to coronavirus disease 2019 (COVID-19) are continually updated. The RuralHealth Information Hub and National Rural Health Association are regularly updating and adding links for Rural Response to COVID-1

- Federal and National Response Resources
- State 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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