



Breakout 2A

MBQIP Site Visits ND Flex Program and ND CAH Quality Network

July 19, 2023

Flex Program Reverse Site Visit
Washington, DC

Presented by Jody Ward, ND Flex Program Director



- **Established in 1980, at The University of North Dakota (UND) School of Medicine and Health Sciences in Grand Forks, ND**
- **One of the country's most experienced state rural health offices**
- **UND Center of Excellence in Research, Scholarship, and Creative Activity**
- **Home to seven national programs**
- **Recipient of the UND Award for Departmental Excellence in Research**

Focus on

- **Educating and Informing**
- **Policy**
- **Research and Evaluation**
- **Working with Communities**
- **American Indians**
- **Health Workforce**
- **Hospitals and Facilities**

ND Flex Program Team 2023



Brad Gibbens, Acting Director Center for Rural Health



Jody Ward, Flex Program Director



Nicole Threadgold, Senior Project Coordinator (Finance & Operations & SHIP)



Anna Walter, Project Coordinator (RHC Network)

ND Healthcare Environment

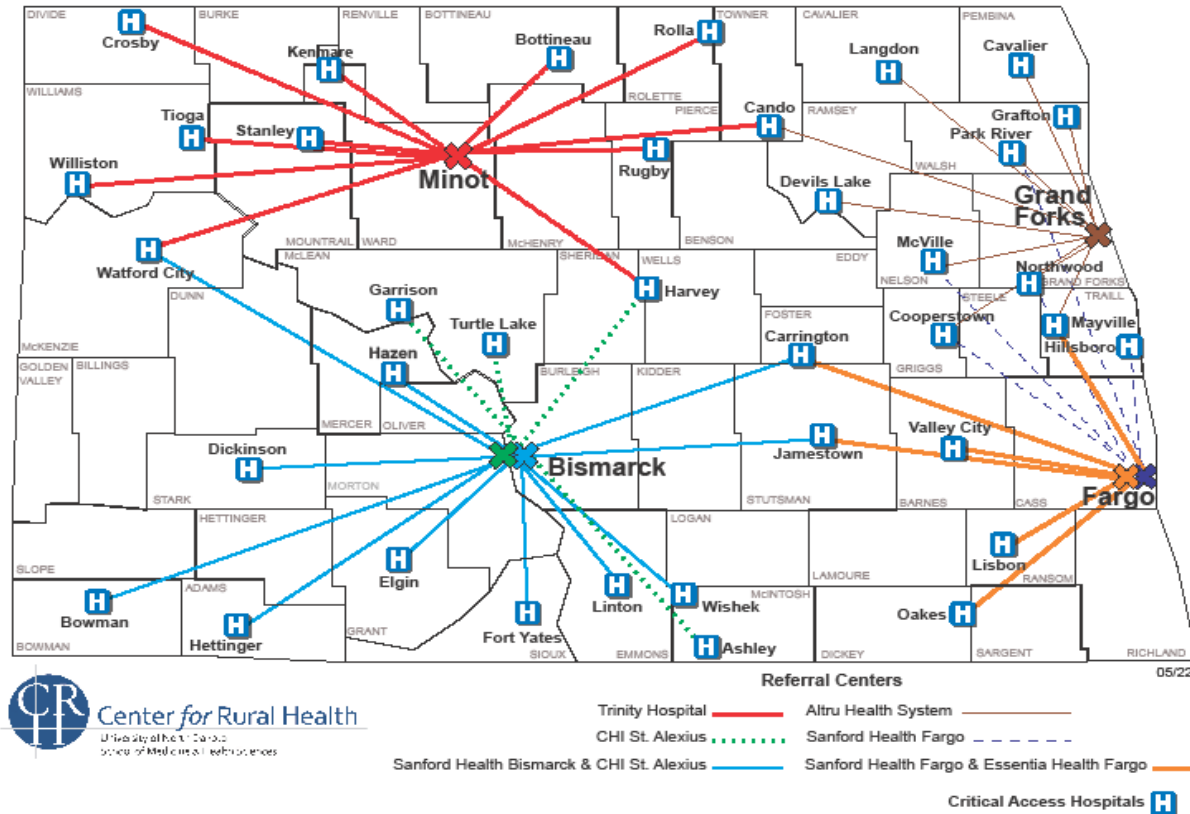


- 779,000 North Dakotans (ranks 47th in population)
- About 71,000 square miles (ranks 19th in size)
- Over 400 organized communities (about one half having 200 or less people)
- 53 counties (some having less than 2,000 or less people)

US Census data, 2020

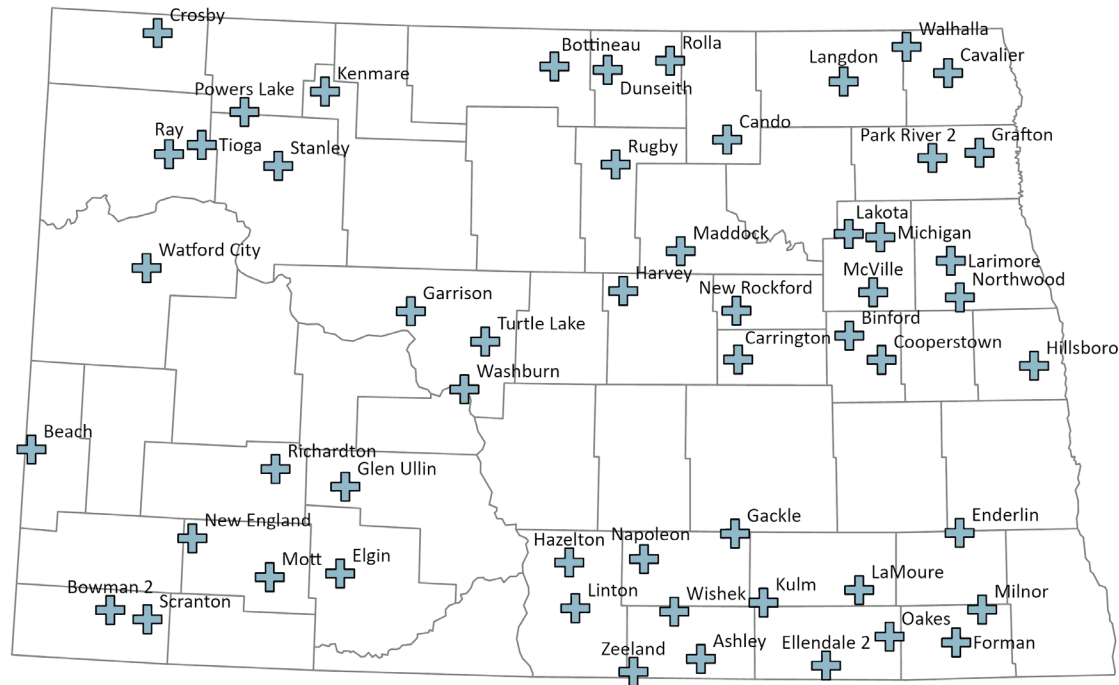
37 ND Critical Access Hospitals

North Dakota Critical Access Hospitals & Referral Centers



57 ND Rural Health Clinics

North Dakota Rural Health Clinics, 2023



⊕ City with one RHC

⊕ City with multiple RHCs (x)

Sources: data.HRSA.gov, May 2023

Created by the North Dakota Healthcare Workforce Group, May 2023



Center for Rural Health
University of North Dakota
School of Medicine & Health Sciences

MBQIP Orientation

Medicare Beneficiary Quality Improvement Program (MBQIP)

- ND Flex Program takes a proactive approach to ensure CAHs are well equipped and prepared to meet quality reporting requirements
- Opportunity to understand their needs for technical assistance around data collection and reporting
- Focus on improving reporting, processes and systems of care around each domain of MBQIP

MBQIP Orientation

- Contact at CAH: Designated data reporting person, Quality Improvement, Director of Nursing or other.
- CAHs encouraged to work on MBQIP as a team approach (multiple people on orientation)
- Meeting set up by zoom 1 to 1.5 hour or in person
- In person meeting can be 1-3 hours depending on their needs



Structure of Meeting with CAH

- Set up computer and overhead projector (onsite visit), if by zoom share screen
- Introduce UND Center for Rural Health
- What is the Flex Program and domains of work
- How many Flex programs and CAHs nationwide
- Direction of our work comes from FORHP and expectation of CAHs nationwide
- Introduce our team
- Focus visit on MBQIP

Federal Office of Rural Health Policy (FORHP) Attention Toward Quality Improvement

Medicare **B**eneficiary **Q**uality **I**mprovement **P**rogram (MBQIP) participation is required to be eligible to participate in Flex activities and receive funds i.e.,

- Technical Assistance
- Education
- Site visits
- Other grant opportunities

MBQIP Resources

- Power Point to guide discussion and with detail about each of the measures under the domains of MBQIP
 - Specifications for each measure
- Handout of MBQIP Activity
- Handout Diagram of how data flows
 - QualityNet- Clinical Data Warehouse for CMS
 - NHSN-CDC
 - REDCap (ND Specific for EDTC)
- Handout MBQIP Data Submission Deadlines
- Handout of ND CAHs and Referral Centers
- Provide a resource slide to all MBQIP online resources with TASC and Stratis Health (Robyn Carlson)
 - Robyn Carlson open office hour calls for MBQIP data abstractors

Continued MBQIP Resources

- Handout how-to sign-up CDC NHSN
- Handout power point how to Confer Rights to ND CAH Quality Network Group for NHSN
- Discussion on vendor for HCAHPS and who is communicating with their vendor at their facility
- REDCap using portal to enter EDTC ND data
- QualityNet live demo
- Computerized Abstraction Reporting Tool (CART)
 - Are they using? Who is signed up already? Add to already installed program or assist with new install for outpatient measure collection
- Provide resources for CART
 - Online manual
 - Assist on how to use and abstraction

MBQIP Domains of Education

MBQIP Domains

- Patient Safety/Inpatient
- Patient Engagement
- Care Transitions
- Outpatient

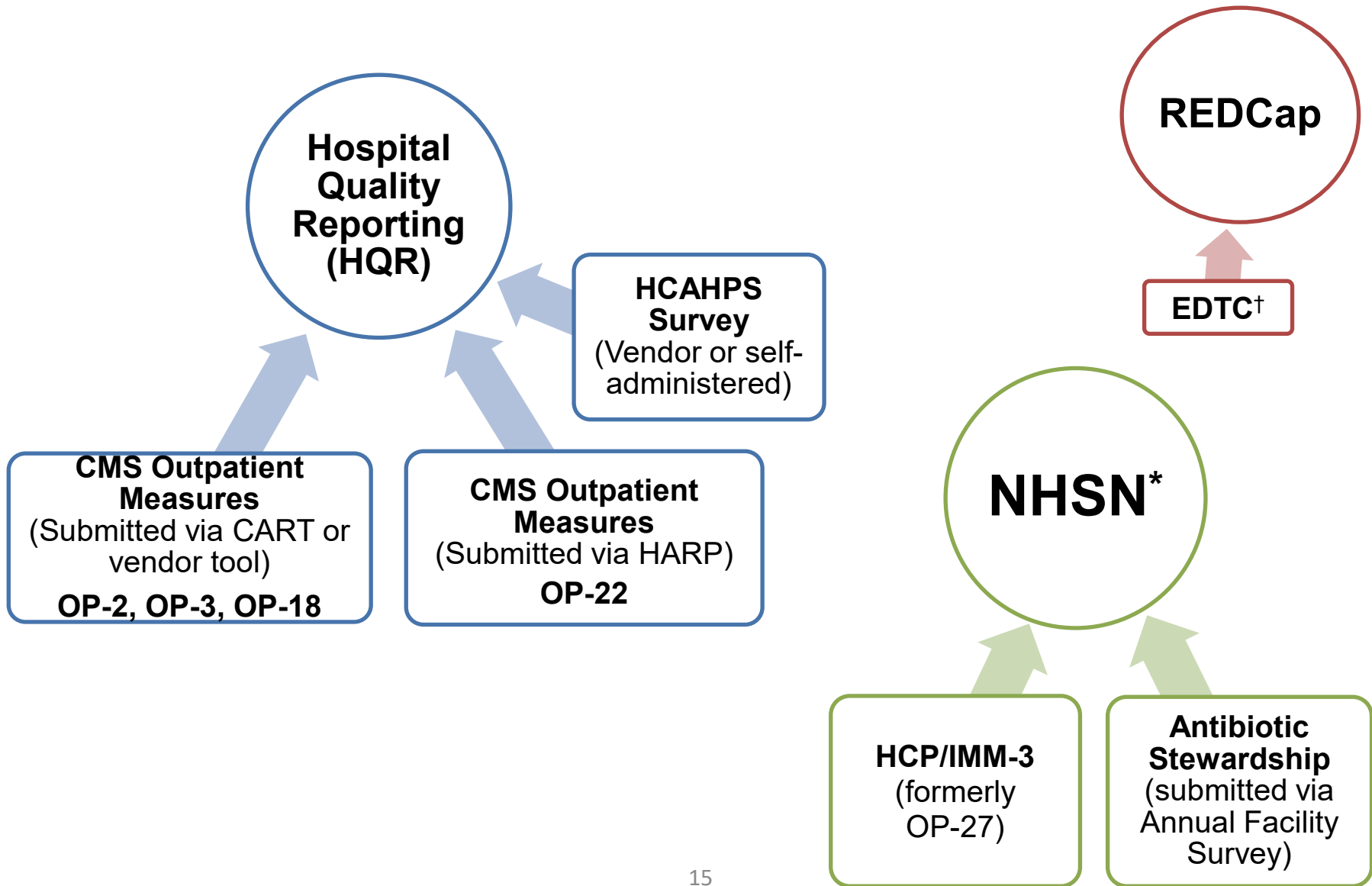
MBQIP measure abbreviations to know:

- ABX: Antibiotic Stewardship
- CART: CMS Abstraction and Reporting Tool
- EDTC: Emergency Department Transfer Communication
- HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems
- HCP: Vaccination Coverage Among Healthcare Personnel
- NHSN: National Healthcare Safety Network

MBQIP Activity 2023-2024

	Patient Safety/Inpatient	Patient Engagement	Care Transitions	Outpatient
Core MBQIP Measures	<p>HCP: Influenza Vaccination Coverage Among Healthcare Personnel (HCP) (<i>Facilities report a single rate for inpatient and outpatient settings</i>)</p> <p>Antibiotic Stewardship: Measured via Center for Disease Control National Healthcare Safety Network (CDC NHSN) Annual Facility Survey</p>	<p>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS): <i>The HCAHPS survey contains 21 patient perspectives on care and patient rating items that encompass nine key topics:</i></p> <ul style="list-style-type: none"> • Communication with Doctors • Communication with Nurses • Responsiveness of Hospital Staff • Pain Management • Communication about Medicines • Discharge Information • Cleanliness of the Hospital Environment • Quietness of the Hospital Environment • Transition of Care <p><i>The survey also includes four screener questions and seven demographic items. The survey is 32 questions in length.</i></p>	<p>Emergency Department Transfer Communication (EDTC): <i>7 sub-measures; 27 data elements; 1 composite</i></p> <ul style="list-style-type: none"> • EDTC-1: Administrative Communication (2 data elements) • EDTC-2: Patient Information (6 data elements) • EDTC-3: Vital Signs (6 data elements) • EDTC-4: Medication Information (3 data elements) • EDTC-5: Physician or Practitioner Generated Information (2 data elements) • EDTC-6: Nurse Generated Information (6 data elements) • EDTC-7: Procedures and Tests (2 data elements) • All-EDTC: Composite of All 27 data elements 	<p>AMI:</p> <ul style="list-style-type: none"> • OP-2: Fibrinolytic Therapy Received within 30 minutes • OP-3: Median Time to Transfer to another Facility for Acute Coronary Intervention <p>ED Throughput:</p> <ul style="list-style-type: none"> • OP-18: Median Time from ED Arrival to ED Departure for <i>Discharged</i> ED Patients • OP-22: Patient Left Without Being Seen

Reporting Channels for Core MBQIP Measures



New to NHSN or Ask Who is Registered Already?

- Already registered and person is leaving?
 - Very important to deactivate their account- remind facility. Once someone is added they are not deleted only deactivated.
- CDC NHSN <https://www.cdc.gov/nhsn/>
- NHSN collect, report: influenza vaccines among HCP, and antibiotic use and resistance
- NHSN analysis / reports
- NHSN link to best practices and guidelines
- Enrollment steps for NHSN
 - CAHS encouraged more than 1 at their facility sign up
 - Registration process
 - Attest to abide with rules of NHSN to safeguard the system's security
 - Sent invite to register for CDCs Secure Access Management Service (SAMS)

Once Enrolled NHSN – Join ND CAH Quality Network Group

- Step by step power point with directions sent to join group
- One enrolled in NHSN Login to account
- Add to their account, the group “ND CAH Quality Network” (group user ID and password is sent)
 - Group created for ND CAHs only
 - Group ID and password is mailed to the facility
 - Admin for facility logs into NHSN and uses the group ID and password to join
 - Facility Administrator reviews and “Confers Rights” screen to determine data to share with this group
 - ND mode to enter Influenza Immunization season

Influenza Vaccination Among All Healthcare Professionals (HCP)

**HCP : Facilities report a single rate for their CAH to the CDC National Healthcare Safety Network (NHSN).
Influenza Vaccination Coverage Among Healthcare Professionals**



Antibiotic Annual Facility Survey Core Elements

Core Elements of Hospital Antibiotic Stewardship Programs: Assessment Tool

The antibiotic stewardship program assessment tool is a companion to *Core Elements of Hospital Antibiotic Stewardship Programs*. This tool provides examples of ways to implement the Core Elements. The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to optimize antibiotic prescribing. Thus, not all of the examples listed in the Core Elements (and below) may be necessary and/or feasible in all hospitals.

The assessment tool can be used on a periodic basis (e.g., annually) to document current program infrastructure and activities and to help identify items that could improve the effectiveness of the stewardship program. Consider listing specific details, such as points of contacts or facility-specific guidelines with the date, in the “comments” column as reference for the antibiotic stewardship team.

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Hospital Leadership Commitment	1. [Priority Example] Does facility leadership provide stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	2. [Priority Example] Does facility leadership provide stewardship program leader(s) with resources (e.g. IT support, training) to effectively operate the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3. [Priority Example] Does your antibiotic stewardship program have a senior executive that serves as a point of contact or “champion” to help ensure the program has resources and support to accomplish its mission?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	4. [Priority Example] Do stewardship program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

- Does the orientation person know who the facilities vendor is?
- Who in their facility communicates with the vendor quarterly?
- Importance of communication and data reported timely
- Who receives the vendor reports at their facility?
- What kind of activity do they have around the reports?
- How is the data shared internally?
- How do they use the data to drive improvement?
- Suggest resources for each element to provide improvement strategies

<https://ruralhealth.und.edu/projects/flex/mbqip/hcahps>

Emergency Department Transfer Communication (EDTC)

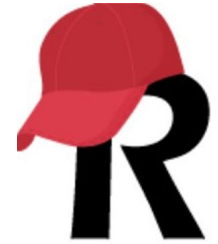
To improve the transitions of care from the CAH to other healthcare settings in order to improve patient outcomes.

(Seven Elements)

- **Administrative Communication**
- **Patient Information**
- **Vital Signs**
- **Medication Information**
- **Physician or Practitioner generated information**
- **Nurse generated information**
- **Procedures and tests**



EDTC and REDCap for ND CAHs



- REDCap a web-based portal for collection and reporting associated with EDTC. Quality Health Associates (QHA) of ND also supports data collection, analysis and reporting for North Dakota's CAHs.
- [//redcap.qualityhealthnd.org/](http://redcap.qualityhealthnd.org/)



Log In



Quality Health Associates
of North Dakota

Click one of the buttons below to choose how you wish to log in to REDCap.

Log in using [QHA Employee Access](#) -- OR -- [Local REDCap Login](#)

Welcome to REDCap!

REDCap is a secure web platform for building and managing online databases and surveys. REDCap's streamlined process for rapidly creating and designing projects offers a vast array of tools that can be tailored to virtually any data collection strategy.

REDCap provides automated export procedures for seamless data downloads to Excel and common statistical packages (SPSS, SAS, Stata, R), as well as a built-in project calendar, a scheduling module, ad hoc reporting tools, and advanced features, such as branching logic, file uploading, and calculated fields.

Learn more about REDCap by watching a [brief summary video \(4 min\)](#). If you would like to view other quick video tutorials of REDCap in action and an overview of its features, please see the [Training Resources](#) page.

NOTICE: If you are collecting data for the purposes of human subjects research, review and approval of the project is required by your Institutional Review Board.

If you require assistance or have any questions about REDCap, please contact [Jonathan Gardner](#) or [Nathan Brintnell](#) (701-989-6220).

REDCap Features

Build online surveys and databases quickly and securely in your browser - Create and design your project using a secure login from any device. No extra software required. Access from anywhere, at any time.

Fast and flexible - Go from project creation to starting data collection in less than one day. Customizations and changes are possible any time, even after data collection has begun.

Advanced instrument design features - Auto-validation, calculated fields, file uploading, branching/skip logic, and survey stop actions.

Diverse and flexible survey distribution options - Use a list of email addresses or phone numbers for your survey respondents and automatically contact them with personalized messages, and track who has responded. Or create a simple link for an anonymous survey for mass email mailings, to post on a website, or print on a flyer.

Data quality - Use field validation, branching/skip logic, and Missing Data



EDTC Data Collection Screenshot

Data Submission: EDTC Measure

- Answer each question as appropriate, in accordance with the EDTC Specifications Manual.
- A link to the manual is available to the left of the data entry form.

Editing existing Encounter ID 5-1

Encounter ID 5-1

Encounter Discharge Code 4.1 View equation
EDTC Measures apply only to encounters of 4a, 4b, 4c, or 4d.

[EDTC-1] Does the medical record documentation indicate that the following communication occurred of the patient from ED to another healthcare facility?

Nurse to Nurse Communication Yes No
* must provide value

Physician to Physician Communication Yes No Not Applicable
* must provide value

EDTC-1 Measure

1 View equation
Measure passes (1) if all questions are either marked "Yes" or "Not Applicable". Measure fails (0) if any question is marked "No".

[EDTC-2] Does the medical record documentation indicate that the following patient information went was communicated via fax or phone or internet/Electronic Health Record connection availability within patient's discharge?

Patient Name Yes No Not Applicable
* must provide value

Patient Address Yes No Not Applicable
* must provide value

Patient Age Yes No Not Applicable
* must provide value

Project Bookmarks

[EDTC Specifications](#)



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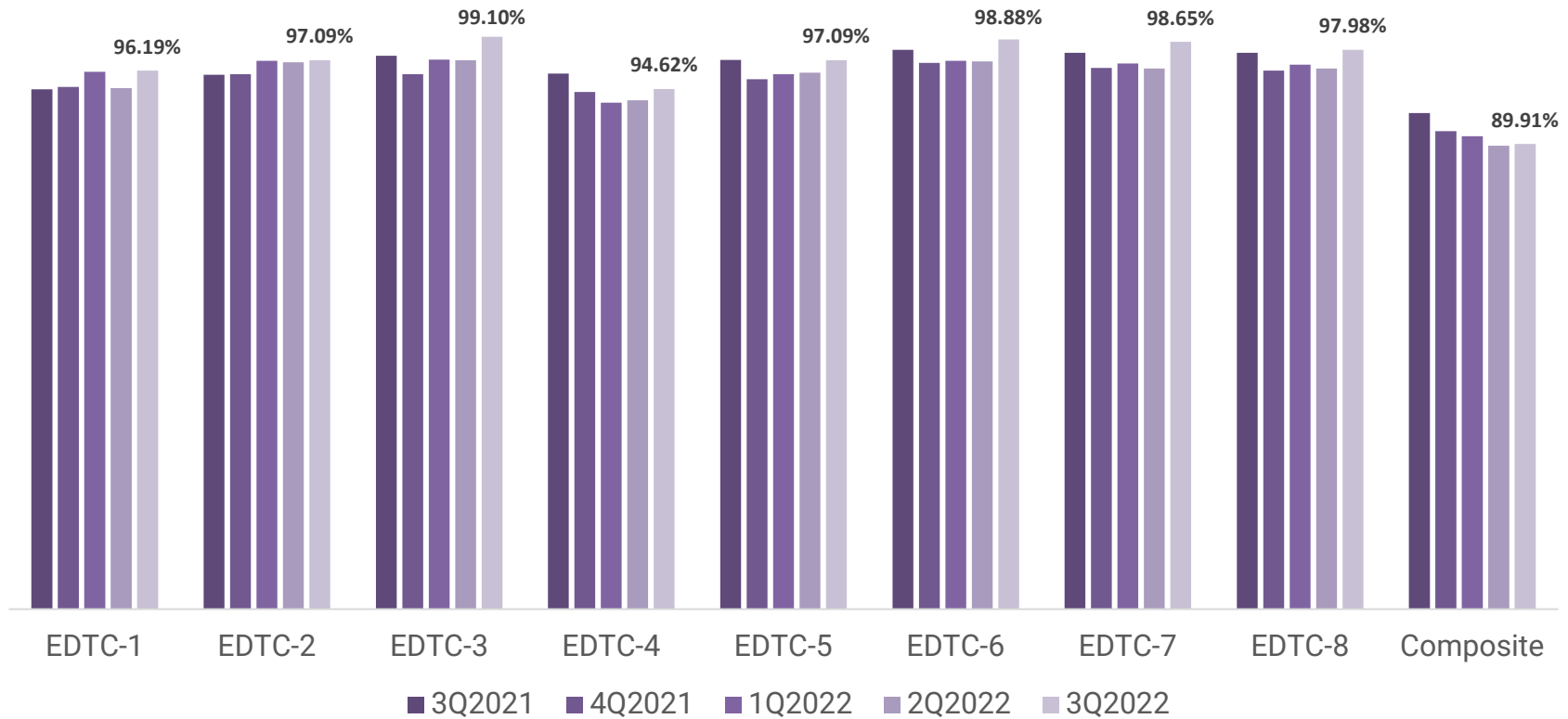
MBQIP Data Shared at ND CAH Quality Network Region Meetings Quarterly Statewide

- Review MBQIP progress as a state (state rates shared)
- EDTC measures overview- Review how ND CAHs are doing, on each element
- EDTC top performers celebrated



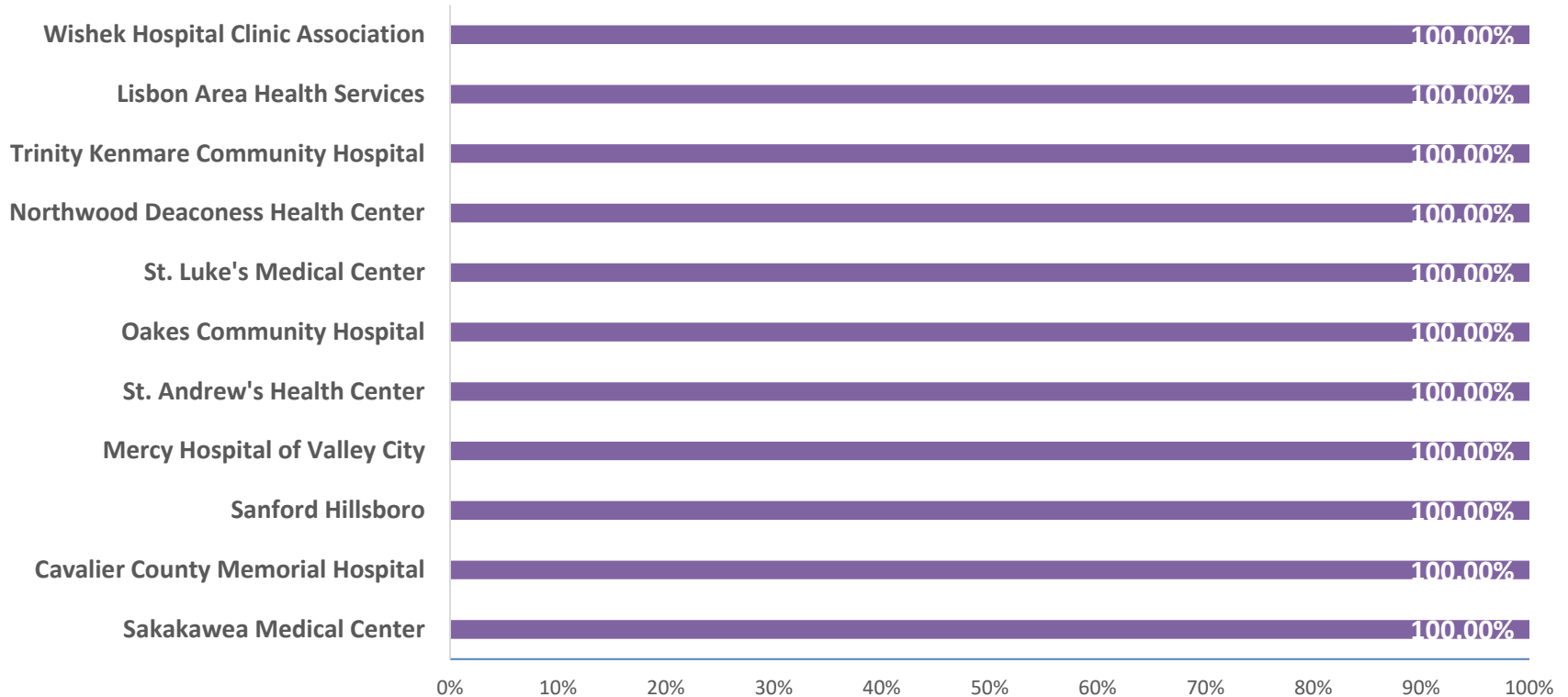
Measures Overview

Performance Period: 3Q2021 – 3Q2022



Top Performers

Performance Period: 3Q2019



Outpatient CMS Measures OP-2, OP-3, OP-18 and OP-22

- Provide description of each CMS Outpatient measure
- OP-2 Fibrinolytic therapy received within 30 minutes
- OP-3 Median time to transfer to another facility for acute coronary intervention
- OP-18 Median time from ED arrival to ED departure for discharged ED patients
- OP-22 Patient left without being seen
- <https://qualitynet.cms.gov/outpatient/specifications-manuals#tab2>

Hospital Outpatient Specifications Manuals

Specifications Manuals

2024 - Version 17.0

2023 - Version 16.0a

2023 - Version 16.0

2022 - Version 15.0b

2022 - Version 15.0a

2021 - Version 14.0b

2020 - Version 13.0b

2019 - Version 12.0b

Archived Manuals

Version 16.0a - Encounters 01/01/23 to 12/31/23

The *Hospital Outpatient Quality Reporting Specifications Manual* was developed by the Centers for Medicare & Medicaid Services (CMS) to provide a uniform set of quality measures to be implemented in hospital outpatient settings. The primary purpose of these measures is to promote high quality care for patients receiving services in hospital outpatient settings.

By downloading the below documents, you agree to the [CPT License of Use](#).

Complete Manual

File Name	File Type	File Size	
Version 16.0a - Specifications Manual for encounters 01/01/23 to 12/31/23	PDF	3 MB	Download
Version 16.0a - Specifications Manual for encounters 01/01/23 to 12/31/23	ZIP	9 MB	Download
Release Notes, Version 16.0	PDF	47 KB	Download
Release Notes, Version 16.0a	PDF	172 KB	Download

Continuation Outpatient CMS Reporting

- Explain how CAH reports to the CMS Clinical Data Warehouse QualityNet.org and what measures
- Ask do they use a (Vendor or CART?)
- Computerized Abstraction Reporting Tool (CART)
 - Does the facility have CART installed already?
 - Who are the users of the program
 - IF staff have left need to disable those accounts
 - Sign up for new staff
 - Decide fresh install or add new user to already installed program
 - Live demo QualityNet.org
 - CART users guide

Example Education on Measure OP-18

- OP-18 Door to Diagnostic Evaluation by a Qualified Medical Personnel
- Arrival to Departure for Discharged Patients
- The measure focuses on how long patients are in the ED before they are discharged home
- How many cases to abstract?

Population Per Quarter	0-900
Quarterly Sample Size	63
Monthly Sample Size	21
Population Per Quarter	≥ 901
Quarterly Sample Size	96
Monthly Sample Size	32

Outpatient Emergency Department OP-22

OP-22 Left Without Being Seen

- Report using secure side of QualityNet.org
- Use administrative data



OP-22 Patient Left Without Being Seen

Report through secure side of QualityNet.org via an online tool available to authorized users. Because the measure uses administrative data and not claims data to determine the measure's denominator population

OP-22 - Hospital Outpatient Specifications Manual QualityNet.org

[Report this one time a year. This data is due Jan 1-May 2023](#)

Measure:

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

Percent of patients who leave the ED without being evaluated by a physician/advanced practice nurse/physician's assistant.

QualityNet.org CMS Clinical Data Warehouse

Welcome to QualityNet!

Your one-stop shop for CMS Quality Programs.

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Recent News

[View more](#)

September 20, 2021

Calendar Year 2023 OQR Program Hospitals Selected for Validation

September 16, 2021

CMS grants exceptions for Quality Program participants in FEMA disaster areas



I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Ambulatory Surgical Centers



PPS-Exempt Cancer Hospitals



ESRD Facilities



Inpatient Psychiatric Facilities

QualityNet News

August 13, 2021

HAC Reduction Program Hospital-Specific Reports and Scoring Calculations Review and Correction Information now available for FY 2022

[Read more](#)

August 9, 2021

Overview of the FY 2022 HAC Reduction Program and HRRP Webinar

[Read more](#)

August 6, 2021

FY 2022 HRRP: Hospital-Specific Reports and Review and Correction Period Information

[Read more](#)

[View more news](#)

[Get Started with QualityNet](#)



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QualityNet Secure Portal is HARP



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Getting Started with QualityNet

Getting Started

Training & Guides

Known Issues & Maintenance

QualityNet Support

Registration

[I am an HQR user](#)

[I am an EQRS User](#)

Can't find what you're looking for?
Visit the [Question & Answer Tools](#).

Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with [hqr.cms.gov](#) and [eqrs.cms.gov](#) for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for [HARP](#), please view the following resources:

Resource Name

HARP User Guide

[View](#)

HARP Frequently Asked Questions (FAQ)

[View](#)

HARP Registration Training Video

[View](#)



Continuation QualityNet Secure Portal -HARP

- Ask facility who is already registered?
- Encourage for more than 1 person at the facility to be registered
- If the person has left or leaving, the facility needs to disable the secure account.
- Provide directions on how to register
<https://harp.cms.gov/register>

MBQIP Data Submission Deadlines

Medicare Beneficiary Quality Improvement Project (MBQIP) Data Submission Deadlines ^{1,2}

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period and Due Date				
				Q4 / 2022 Oct 1 - Dec 31	Q1 / 2023 Jan 1 - Mar 31	Q2 / 2023 Apr 1 - Jun 30	Q3 / 2023 Jul 1 - Sep 30	Q4 / 2023 Oct 1 - Dec 31
Population & Sampling	Population & Sampling Submission (CMS inpatient and outpatient measures)	Outpatient	HQR via HARP Log In	May 1, 2023	August 1, 2023	November 1, 2023	February 1, 2024	May 1, 2024
HCP/IMM-3 ³	Influenza vaccination coverage among health care personnel	Patient Safety/ Inpatient	NHSN	May 15, 2023 (Q4 2022/Q1 2023 aggregate)		N/A	N/A	May 15, 2024 (Q4 2023/Q1 2024 aggregate)
Antibiotic Stewardship	N/A	Patient Safety/ Inpatient	NHSN	March 1, 2023 ⁴ (Calendar year 2022 data)	March 1, 2024 ⁴ (Calendar year 2023 data)			
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Engagement	HQR via Vendor	April 5, 2023	July 5, 2023	October 4, 2023	January 3, 2024	April 5, 2024
EDTC ⁵	Emergency Department Transfer Communication	Care Transitions	As directed by state Flex program	January 31, 2023	April 30, 2023	July 31, 2023	October 31, 2023	January 31, 2024
OP-2	Fibrinolytic therapy received within 30 minutes	Outpatient	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	N/A	N/A	N/A
OP-3	Median time to transfer to another facility for acute coronary intervention	Outpatient	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	N/A	N/A	N/A
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Outpatient	HQR via Outpatient CART/Vendor	May 1, 2023	August 1, 2023	November 1, 2023	February 1, 2024	May 1, 2024
OP-22	Patient left without being seen	Outpatient	HQR via HARP Log In	May 15, 2023 (calendar year 2022 aggregate)	May 15, 2024 (calendar year 2023 aggregate)			

1. Based on currently available information. Submissions dates are subject to change.

2. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

3. The encounter period for HCP/IMM-3 is limited to Q4 and Q1.

4. Hospitals are strongly encouraged to complete the NHSN Annual Facility Survey by March 1 of each year but may submit or update survey responses throughout the year.

5. State Flex Programs must submit data to FORHP by the 10th day of the month following the hospital deadline (e.g., Q3 2023 data due to FORHP by Nov 10, 2023).

Updated (05/08/2023)



FMT CAH Data Reports Driving Quality Improvement

- If onsite visit print FMT reports and bring with
- If visit by zoom send FMT reports electronically
- Review FMT CAH specific report
- Ask if plans for a QI activity that quarter?
- Encourage to focus on small improvements (a measure or topic at a time)
- Discuss their plans on improving outcomes
- Offer to help develop an action plan around quality improvement
- Offer PDSA training
- Offer ideas for improvement

Resources

Center for Rural Health

<https://ruralhealth.und.edu/>

RHHub <https://www.ruralhealthinfo.org/>

CMS: CAH Conditions of Participation
Appendix W

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/CAHs.html>

QualityNet – The clinical data warehouse
for CMS

<https://qualitynet.cms.gov/>

QualityNet Training:

<https://qualitynet.cms.gov/training-guides>

MBQIP Quality Reporting Guide

<https://www.ruralcenter.org/sites/default/files/MBQIP-Quality-Reporting-Guide42020.pdf>

Ask Robyn- Quarterly Open Office Hour Calls
for MBQIP Data Abstractors

<https://www.ruralcenter.org/resource-library/ask-robyn-quarterly-open-office-hour-calls-for-mbqip-data-abstractors>

Contact Information: Robyn Carlson at rcarlson@stratishealth.org

MBQIP Data Abstraction Training Series:

https://www.youtube.com/playlist?list=PLrX6m5cvp8hAEJXD3Z1NeP_o1AxyTJw5w

HCAHPS Overview: Vendor Directory

<https://www.ruralcenter.org/sites/default/files/Fall%20HCAHPS%20Vendor%20Directory%202021-02.pdf>

HCAHPS Online- up to date information and resources

<https://hcahponline.org/en/>

MBQIP Monthly e-newsletter:

<https://www.ruralcenter.org/tasc/mbqip/mbqip-monthly>

Contact Information



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