MBQIP Monthly

Medicare Beneficiary Quality Improvement Project

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

In This Issue

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 Swing Bed Quality

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.

Kathe Bryant
Director of Quality, Infection Prevention, and Risk Management

The majority of CAHs have Swing Bed Programs as a way to meet their community health care needs. National QI mentors Kathe Bryant, (Covington County Hospital, Collins, Mississippi) and Cara Cruz,(Carson Valley Medical Center, Gardnerville, Nevada) discuss in this recorded conversation how they improved their swing bed programs using proactive approaches.

Kathe shares how the team at Covington County Hospital was able to reduce their Swing Bed pneumonia cases to zero by implementing preventative interventions. And Cara describes how they developed a process and chart audit tool to ensure they were meeting swing bed regulatory requirements.

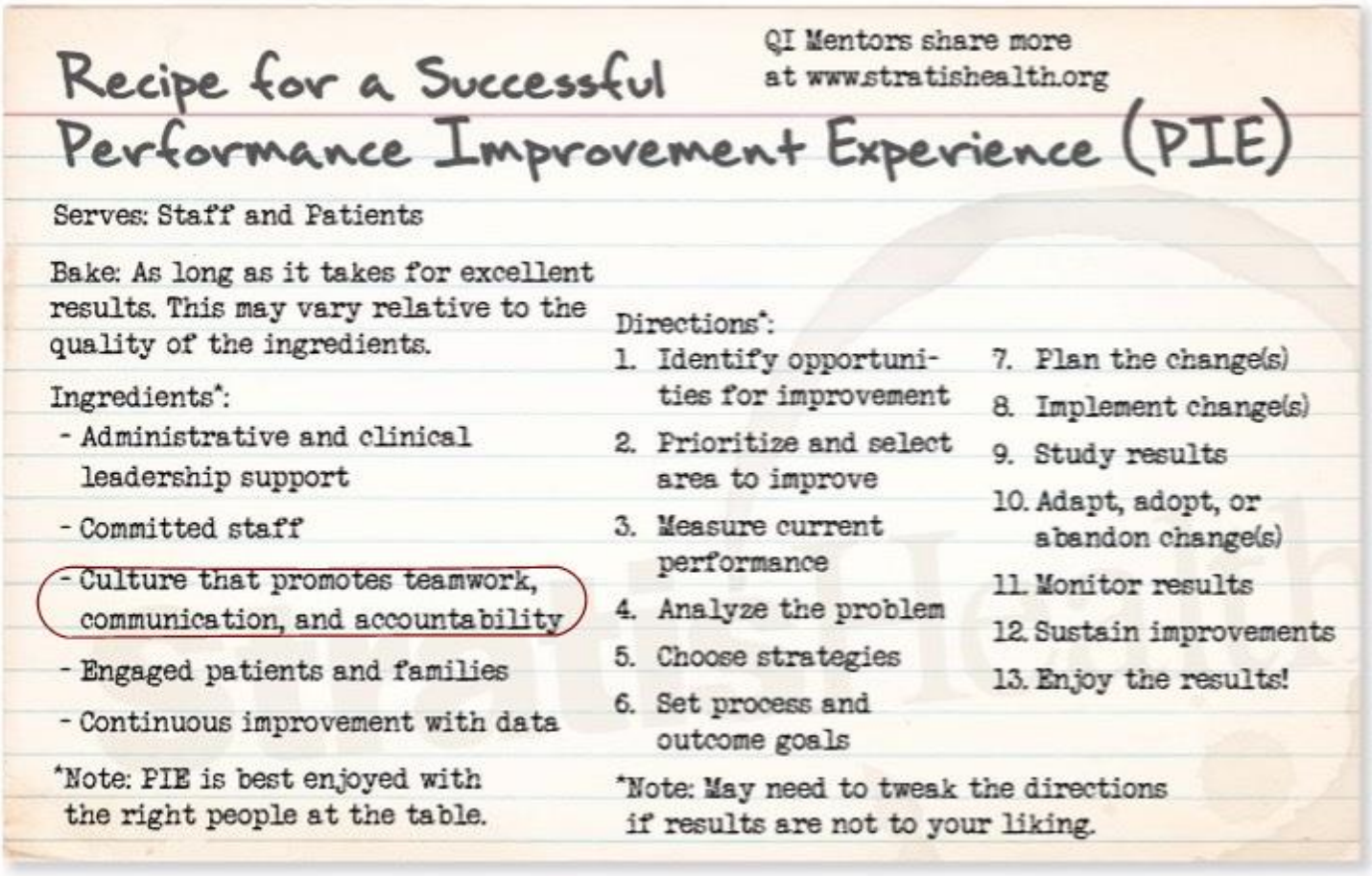
You can read more about Kate and Cara as QI leaders in their MBQIP Monthly mentor profiles. In the May 2022 edition, Kathy, who has long been interested in infection prevention, shared innovative strategies to the COVID pandemic and catheter-associated urinary tract infections (CAUTIs). Cara, who takes a proactive approach to quality, discussed how CVMC's medication safety committee utilized surveillance to prevent problems in the use of controlled substances in the June 2022 edition.

Cara Cruz
Director of Risk and Quality

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 key ingredients highlighted in Kathe and Cara's QI story are "culture that promotes teamwork, communication, and accountability."



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.

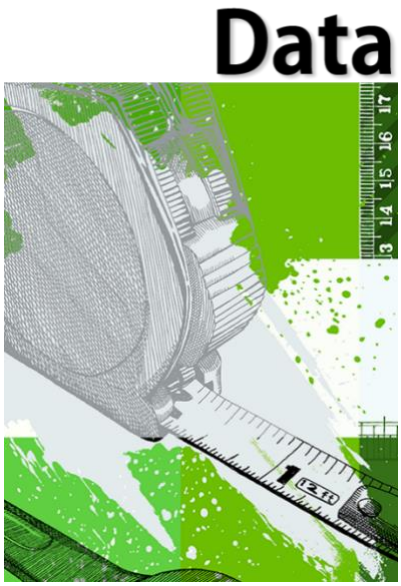
Ingredients*:
- Administrative and clinical leadership support
- Committed staff
- Culture that promotes teamwork, communication, and accountability
- Engaged patients and families
- Continuous improvement with data

*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.

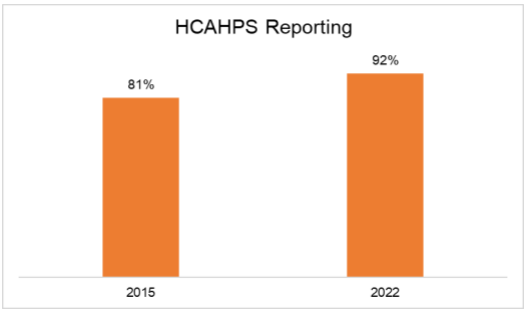
A special thank you to the ten National Rural Quality Improvement Mentors, who have shared their QI expertise with CAHs through the MBQIP Monthly newsletters over the past two years. Their feedback and advice have been instrumental to the Stratis Health team. It has been a pleasure to work with such a caring and knowledgeable group of professionals. Previously recorded QI stories by the current and past National QI Mentors are available on the Quality Time: Sharing PIE webpage.



CAHs Measure Up: Collaborative Impact

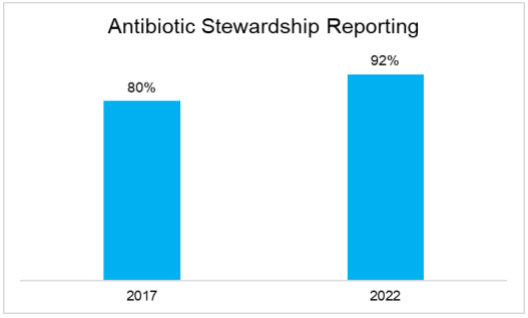
For the past eight years, the Stratis Health Rural Quality Improvement Technical Assistance (RQITA) team has been committed to promoting data-driven approaches to improve quality of care in rural areas. It has been our privilege to support building skills and capacity for measurement and improvement at CAHs across the country by offering tools, resources, and direct technical assistance. Here are just a few highlights of improvements that have been realized during that time.

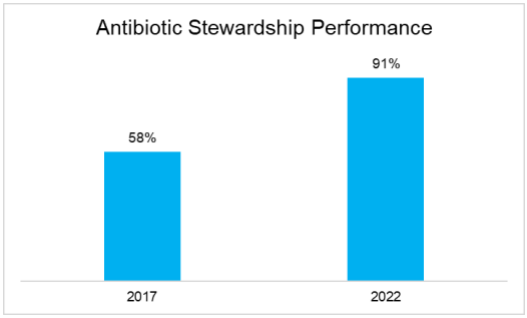
HCAHPS Reporting
Consistent reporting of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) rose from 81% of CAHs reporting in 2015 to 92% of CAHs reporting in 2022.



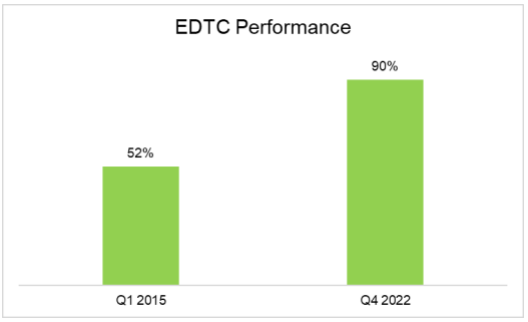
Antibiotic Stewardship Reporting and Implementation
Reporting of Antibiotic Stewardship through the completion of the annual NHSN facility survey rose from 80% for the 2017 survey (submitted in 2018) to 92% for the 2022 survey (submitted in 2023).

Of those CAHs that submitted the annual NHSN facility survey, implementation of seven core elements of antibiotic stewardship rose from 58% of CAHs in 2017 to 91% of CAHs in 2022 (as reflected in the survey submitted in 2023).





EDTC Performance
Emergency Department Transfer Communication (EDTC) performance rose from 52% of CAHs meeting all data elements in Q1 2015 to 90% of CAHs meeting all data elements in Q4 2022.



Thank you for your work and dedication to improving quality of care for your community!

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

It has been my pleasure writing this column since January 2016. I hope you found it helpful in your abstraction and submission of the MBQIP measures. Here is one last reminder from me, as well as a guest article from the Centers for Disease Control & Prevention (CDC).

Reminder: The Centers for Medicare & Medicaid Services (CMS) AMI outpatient measures (OP-2, OP-3) have been removed from MBQIP beginning with Q2 2023 as they have been retired from reporting by CMS.

New CMS Required Reporting: NHSN AUR Module Submission Required for the CMS Promoting Interoperability Program

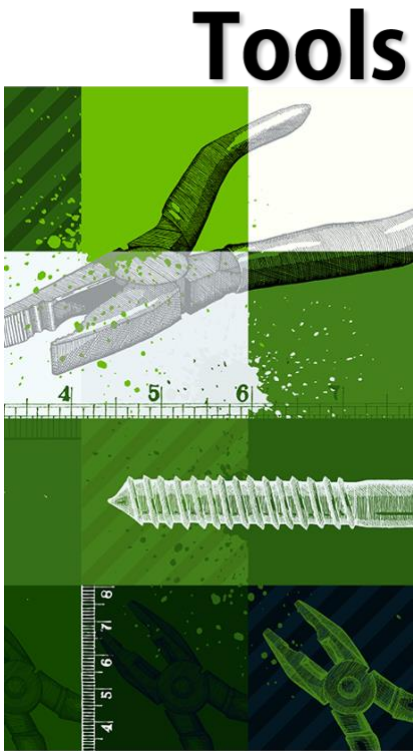
In the fall of 2022, CMS published a final rule that moved the CDC's NHSN AUR Module reporting to a required measure under the Public Health and Clinical Data Exchange Objective for calendar year 2024. Facilities participating in the CMS Promoting Interoperability Program must attest to being in active engagement with NHSN to submit AUR data or claim a valid exclusion. Facilities can be in active engagement in two ways:

Option 1 – Pre-production and Validation
Firstly, facilities must register their intent to submit AUR data within NHSN. Per the CMS measure specifications, the registration should be completed within 60 days after the start of the EHR reporting period. **Facilities can complete the registration of intent within NHSN when your AUR software is set up to produce test and/or production AU and AR files.** The registered facility will then receive an automated email from NHSN inviting the facility to begin the Testing and Validation step. Following the instructions in the email, facilities must submit 1 test file for each file type (AU summary, AR event, and AR summary) for validation by the NHSN AUR Team. Per the CMS measure specifications, facilities should respond to the request for test files within 30 days following the request for test files. **Failure to respond twice within an EHR reporting period would result in that eligible facility not meeting the measure.** ***Note***: Beginning in CY 2024, facilities can only spend one calendar year in Option 1 – Pre-production and Validation

Option 2 – Validated Data Production
CMS defines production data as data generated through clinical processes involving patient care, and it is used to distinguish between data and "test data" which is submitted for the purpose of testing and validation. **For CY 2024, facilities must submit 180 continuous days of AUR data.** Keep in mind that you must report the same 180 days of AU and AR data as they are considered a single measure for the CMS PI Program. Additionally, those 180 days are supposed to be the same for all CMS PI Program measures for your facility. ***Note***: Facilities wishing to receive bonus points for the **CY 2023** CMS PI Program under the Public Health Registry measure within the Public Health and Clinical Data Exchange Objective must submit 90 continuous days of AUR data. Both AU and AR data must be submitted for the same 90 days as all CMS PI Program measures for your facility.

The NHSN website has several materials available including a recorded webinar, an instructional document containing the steps for registering intent to submit AUR Module data, and extensive FAQs. Find them at the bottom of this page: CMS - ACH Requirements | NHSN | CDC.

Please direct questions about NHSN AUR Reporting to the NHSN Helpdesk: NHSN@cdc.gov.



MBQIP and Rural Health Improvement Resources

Upcoming Webinar! **NHSN Antibiotic Utilization Option: Using Data for Action in Critical Access Hospitals**
Tuesday, November 14, 2023, at 3:00 p.m. ET – This is a co-hosted webinar by the CDC and HRSA's Federal Office of Rural Health Policy. Speakers will describe requirements for meeting the Antimicrobial Use and Resistance (AUR) Measure within the Centers for Medicare and Medicaid Services (CMS) Promoting Interoperability Program and using the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) data for action in critical access hospitals.

Updated! MBQIP Reporting Guide and MBQIP Data Submission Deadlines – Key resources for supporting reporting processes have been updated to reflect the removal of the OP-2 and OP-3 measures as of Q1 2023.

Updated! **QI Basics –** The Quality Improvement Basics course is designed to equip professionals with the knowledge and tools to start quality improvement projects at their facilities. As part of our improvement efforts, we have added an additional section that deals with QI for rural EMS responders; particularly, first responders and ambulance services.

New! **Building Sustainable Capacity for Quality and Organizational Excellence –** In March 2023, Flex partners convened a summit of national subject matter experts to identify the core elements of CAH quality infrastructure and criteria necessary for successful quality efforts in CAHs. The summit's outcomes, detailed in this report, serve as a framework to inform quality infrastructure in CAHs. The report has been developed to assist rural hospital leaders by defining the core elements of sustainable quality infrastructure and providing key criteria for evaluating and measuring success in each area.

Updated! **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).

This is the final issue of MBQIP Monthly. As of September 1st, Stratis Health will no longer be serving as the Rural Quality Improvement Technical Assistance provider for the Federal Office of Rural Health Policy. If you have MBQIP questions, please contact your State Flex Program or send your question to tasc@ruralcenter.org.

It has been a privilege for our team to support CAHs across the nation in quality reporting and improvement since 2015. Thank you for what you do to improve quality and the lives of people in your community!

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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