

MBQIP Monthly

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](#).

Find past issues of this newsletter and links to other MBQIP resources on TASC's [MBQIP Monthly](#) webpage.

Rural Success: Neosho Memorial Regional Medical Center, Chanute, KS

At Neosho Memorial Regional Medical Center (NMRMC), located in southeast Kansas, providers, leaders and staff have made a commitment to bring excellence and service together to promote, improve and restore health. The commitment has been a fruitful one, evidenced by a long list of quality and work place awards, extraordinary success across MBQIP and Hospital Engagement Network (HEN) topics, and very satisfied patients according to Hospital Consumer Assessment of Health Providers and Systems (HCAHPS) survey data.

The primary driver of Neosho Memorial's quality success is described as a leadership team focused on quality as much as on finances. The whole hospital works towards meeting the same goals, which are tied to performance incentives and across-the-board hospital wage increases. This helps elicit motivation and engagement from front line staff and adds substance to the commitment to quality. According to Dennis Franks, "chief cheerleader" and CEO, not striving to achieve quality measures is not tolerated any more than not following proper purchasing procedures.

Neosho Memorial leaders believe in the Lean principle of "going to the gemba". Gemba is a Japanese term that means "the real place", or the place where the work is done. Leaders at all levels round regularly to observe processes and provide opportunities for staff and providers to talk about quality and patient safety and share wins as well as concerns.

For front line staff, quality is a pillar of excellence. Quality outcomes are talked about often, and high goals are set. Every nursing staff meeting includes progress on HEN and MBQIP goals, and quality data is placed in front of providers regularly. Physicians are at the core of the quality work.

HCAHPS success at Neosho Memorial Hospital has not been without significant intention and hard work. Nursing communication, pain management, and responsiveness scores are targeted. Hourly nursing rounds, as well as daily nursing leadership rounds, are used to assess patient perception of care, answer questions, and proactively address care concerns. Nurses are taught communication skills that help them to

authentically engage with patients, and they use “teach back” to make sure patients understand the information they are given. White boards in patient rooms are consistently used to communicate important information to patients and families, such as new medications or changes in care. A discharge folder, with tabs for medications, follow-up care, and other topics, is provided to patients upon admission to organize all of the written information they receive in the hospital, and every inpatient receives a

follow up phone call to make sure they understand their post hospital care. A patient and family advisory council reviews written patient education materials for literacy standards. An improvement in physician communication scores was observed shortly after stools were placed in patient rooms for physicians to sit on during rounds.

Neosho leaders admit that the HCAHPS survey question on quietness has been challenging, although they have found various interventions successful in improving their scores. Quiet packs that include ear plugs and eye masks are provided to patients, and overhead paging is discouraged. Carpets and door closers also help keep noise levels down. Visitor guidelines that stress the importance of a quiet environment are handed out and strategically placed posters echo the message.

Leaders are proud of the hospital’s HCAHPS cleanliness survey question score of 92%. Cleanliness is a standard of performance, and all staff, providers, and administrators are involved in keeping the facility tidy. When rooms are cleaned, white bags are placed over equipment so they look fresh and new, and tent cards are left so patients know that housekeeping has visited.

Neosho Memorial also has mastered Emergency Department Transfer Communications (EDTC) with the composite “all EDTC” measure consistently above 90%. Leaders attribute this success to an adapted EMTALA form and a nursing home transfer sheet that both include all EDTC components listed as a checklist for staff to complete for every transferred patient.

Hospitalized patient influenza immunizations are at 92%, after adding this topic to the agenda of a daily interdisciplinary meeting held to monitor a variety of quality measures in real time. Implementing health care provider (HCP) influenza immunizations also has gone well, with over 99% vaccinated. Hospital leaders have not made the immunizations mandatory, but do everything they can to make them easily accessible to staff. Those who decline are required to wear masks to protect patients throughout flu season, as well as wear a brightly colored name badge to notify people they are not immunized.

Bringing excellence and service together has proven to be a winning strategy for Neosho Memorial Regional Medical Center.



Neosho Memorial Regional Medical Center’s Rapid Response Team. Front line staff and providers set high goals and work closely together to achieve them.

Data



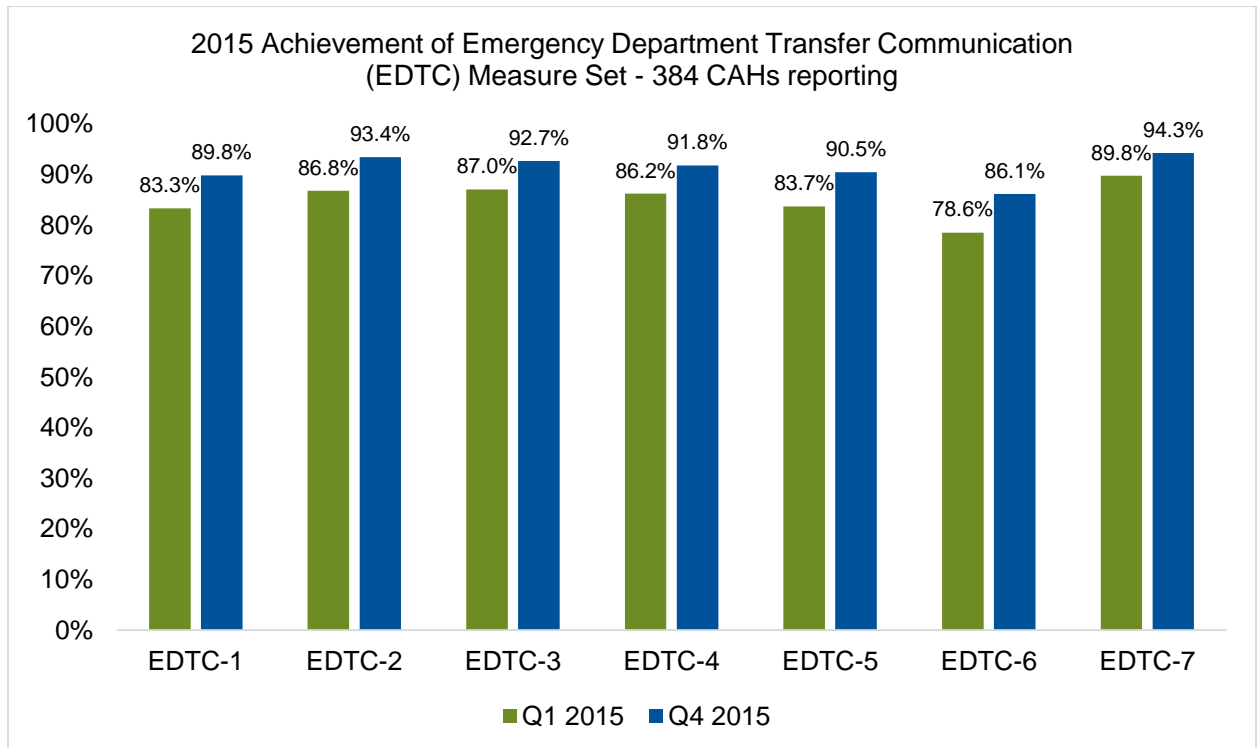
CAHs Measure Up: Progress on Emergency Department Transfer Communication Measures

Emergency Department Transfer Communication (EDTC) measure reporting rates continue to increase, with 824 critical access hospitals (CAHs) reporting for Q4 2015, compared to just 563 for Q1 2015. We hope you find the EDTC measure set actionable and are noticing improvement as you continue to report.

To help see how your hospital is faring as it increases its focus on improvement in ED transfers, here’s national data for comparison. Nationwide, 384 CAHs collected and submitted EDTC measures every quarter in 2015. For the CAHs which consistently and actively report these measure, we looked at how they were doing on improvement. We compared their aggregate performance on the seven sub-measures of the EDTC measure set between the first and last quarter in calendar year 2015.

Among these CAHs, every sub-measure showed improvement. EDTC-6 (nurse generated information) showed the greatest improvement, with a 7.6 percent increase in transfers meeting the requirements between Q1 2015 and Q4 2015. EDTC-2 (patient information) and EDTC-5 (physician and practitioner generated information) were not far behind, with a 6.7 percent increase each between the two quarters.

Continued reporting will help you identify and focus on specific areas that need more attention for improvement. As you work toward improvement in those areas, compare the data below to your own hospital’s performance. We hope you will strive to meet or exceed these results.



Tips



Robyn Quips - tips and frequently asked questions

New CART versions, IMM-2 risk of case rejection

New CART versions

New versions of both Inpatient and Outpatient CART have been released: CART Inpatient 4.17.1 and CART Outpatient 1.13.1.

If you installed CART Inpatient version 4.17 and Outpatient version 1.13 before April 5, 2016, you will need to download the patch for which covers both the inpatient and outpatient tools. It will convert those installs to the latest versions. If you hadn't installed yet, do not download the patch—just install the latest version, [CART Inpatient 4.17.1](#) and [CART Outpatient 1.13.1](#).

You must be using these latest versions for your data to be accepted by the QualityNet warehouse.

IMM-2, Influenza Vaccination Status, risk of case rejection

If you will be submitting Q4 2015 data on IMM-2, Influenza Vaccination Status, you could be at risk for having these cases rejected from the QualityNet warehouse.

IMM-1, Pneumococcal Vaccination Status, has been made voluntary by CMS, until it is retired as a measure starting with Q1 2016 discharges.

However, the QualityNet warehouse is set up to require the full IMM measure set: IMM-1 and IMM-2.

To avoid having your IMM-2 cases rejected for Q4 2015, you can either:

- A. Submit data on IMM-1, Pneumococcal Vaccination Status.
 - If you are using CART, check both measures when setting up your measure preferences.
 - Abstract data for the single element required for the IMM-1 measure: "What is the patient's pneumococcal vaccination status?"
- B. Change your measure designation in the QualityNet warehouse.
 - This must be done prior to submitting any data. The warehouse will not allow edits to measure designations after data has been submitted. To change measure designation, enter the secure portal in QualityNet and on the MyTask page, look for "measures designation." Unselect the IMM-1 measure.

If your hospital is using a vendor tool rather than CART for your data collection, this may not be an issue as the vendor may have updated the measure designation *or* your hospital has continued to collect the data element needed for the voluntary pneumococcal measure.

Check for accept! Regardless of whether you use a vendor or CART directly, you should verify your cases have been accepted into QualityNet by checking your case status submission report. Information on how to check that report is available at: <https://www.ruralcenter.org/tasc/resources/get-your-data-accepted-qualitynet-warehouse>.

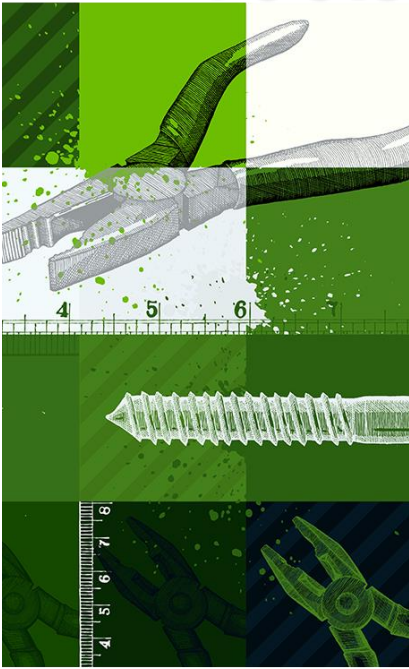
Go to Guides

Hospital Quality Measure Guides

- [Emergency Department Transfer Communications](#)
- [Inpatient Specifications Manual](#)
- [Outpatient Specifications Manual](#)



Tools



Tools and Resources

[Always Use Teach-back! Training Toolkit](#)

This free, interactive, online toolkit is for clinicians, office staff, and others who want to confirm that their health messages are understood. Learn to use teach-back every time it is indicated—to support patients and families throughout the care continuum, especially during transitions between health care settings. Modules include a focus on developing individual skills, as well as resources for managers and supervisors to empower and support staff in using teach back methods.

New - [MBQIP Quality Reporting Guide](#)

This guide is intended to help Flex Coordinators, CAH staff, and others involved with the MBQIP program understand the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site. (April 2016)

New - [Policy Brief: Reducing Potentially-Preventable Readmissions in Critical Access Hospitals](#)

Preventable hospital readmissions are considered a marker of poor-quality care and may reflect problems with care coordination. Additionally, they place a significant financial burden on the health care system. CAHs should examine their readmission rates and consider implementing strategies to reduce potentially-preventable readmissions. This new policy brief identifies successful evidence-based interventions that have been conducted to reduce readmissions in CAHs and other small rural hospitals. (March 2016)



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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