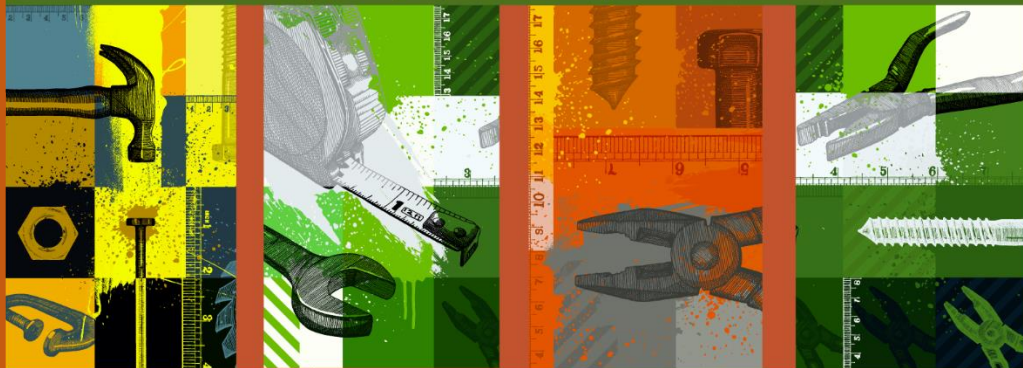


MBQIP Monthly

Medicare Beneficiary Quality Improvement Project



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

In This Issue

1 CAHs Can! Rural Success: Wabash General Hospital, Mount Carmel, IL

3 Data: CAHs Measure Up – ED Transfer Communication Measure Reporting on the Rise

4 Tips: Robyn Quips – tips and frequently asked questions: Get Your Data Accepted by QualityNet Warehouse

5 Tools and Resources: 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.

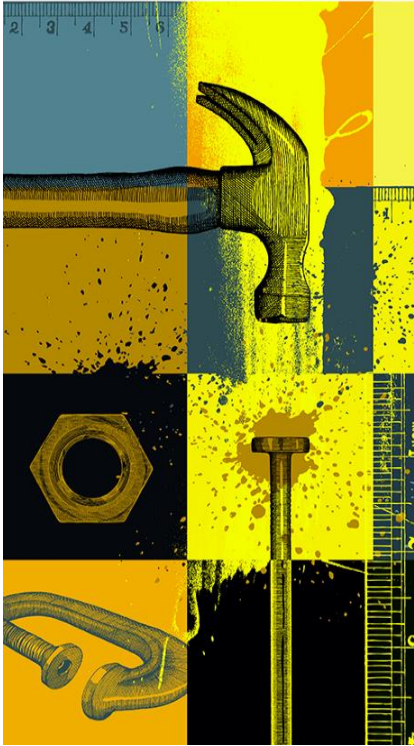
Rural Success: Wabash General Hospital, Mount Carmel, IL

Wabash General Hospital is a 25-bed critical access hospital with an average daily census of 10 and a robust outpatient surgical and therapeutic service area. It's located in the city of Mount Carmel along on the Wabash River in southern Illinois. Acknowledged with a five-star rating by CMS and a two time Press Ganey Guardian of Excellence Award winner, the hospital has achieved excellence across MBQIP topics while actively participating with CMS Partnership for Patients safety work.

When asked about the primary drivers of the success of the hospital, Kim Pearson, quality manager, and Tamara Gould, CNO, credit the president and CEO, Jay Purvis. "Our CEO pushes hard to accomplish high goals and not settle. He is very involved in what we are trying to accomplish." Proactive alignment with potential CAH value based payment models is an overall goal that propels Wabash General Hospital's outstanding national quality reporting performance.

Kim and Tamara spoke of the importance of caring for their community and for their own family members as foundational to a commitment to excellence across all areas of quality and patient safety. "We can't provide every service, but we commit to striving for excellence in the services we provide," they said. This long-standing sense of community responsibility is adopted wholeheartedly by hospital staff and providers, and serves as the true north that generates quality improvement buy in. It is also the basis for a successful "grow your own" provider program, where high school students are recruited and assisted through medical school. Most of the Wabash General Hospital providers, including two orthopedic surgeons are products of the program. Other health care professionals have been included as well, such as pharmacists, physical therapists, nurse practitioners and physician assistants.

CAHs Can!



Nursing staffing came up as another success factor. Carefully balancing patient safety with nurse satisfaction, Tamara considers the acuity and care needs of patients rather than using strict ratios. Typical CAH census fluctuations are stabilized somewhat by the busy orthopedic surgery practice; however, there is variability. Nurses are not called off during low census periods. Rather, they are equipped to float to other areas of the hospital or work on administrative tasks.

Kim works hard to keep up with the ever changing quality reporting and improvement opportunities for CAHs, and coordinates all of the hospital quality and patient safety work. She works closely with Tamara and the nursing department and believes in the importance of involving staff and providers in quality improvement projects, making sure they understand the “why” behind changes being made and seeking their input as to how best to accomplish the goals.

It is generally recognized that HCA HPS response rates move with the level of patient satisfaction, and Wabash General Hospital HCAHPS data agrees. Mirroring almost every area of their HCAHPS survey responses, their HCAHPS response rate soars high above the national average at 49%. The hospital is doing a couple of things, however, to help drive response rates. Patients are informed that they will receive the HCAHPS survey and are encouraged to complete and return it.

It is clearly not by chance that “Good things are happening at Wabash General Hospital”, as announced on their website homepage. A combination of strong, united, and forward-thinking leaders, deep community commitment, and an atmosphere of creativity in overcoming typical CAH challenges, appear to be a brilliant blend that will continue to preserve the viability and success of this outstanding CAH long into the future.

Story correction September 2016.

HCAHPS Guidelines

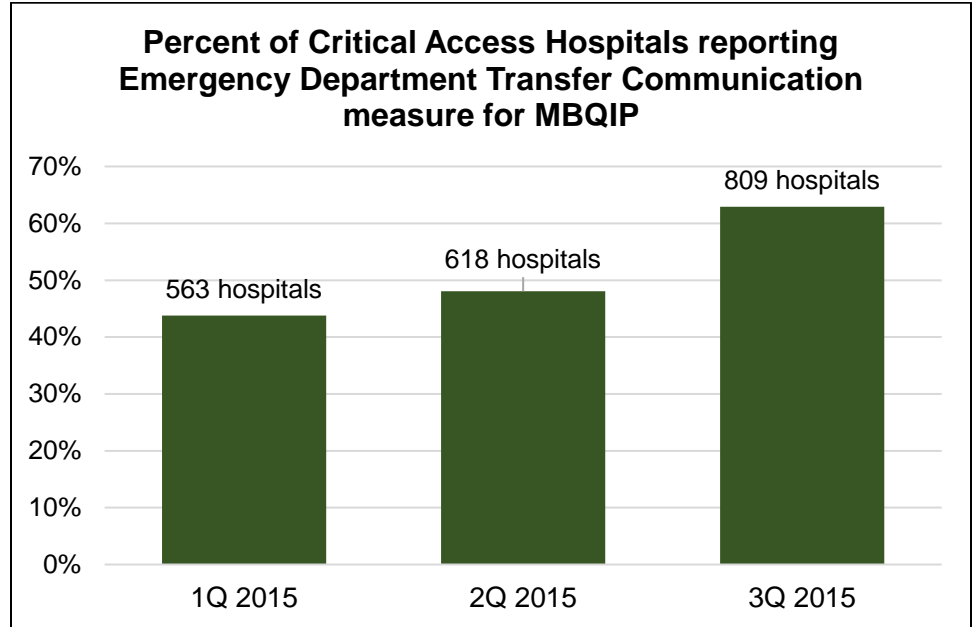
HCAHPS Quality Assurance Guidelines

This [CMS manual](#) aims to standardize the survey data collection process and ensure comparability of data reported through HCAHPS. Make sure your vendor knows the ins and outs of the data collection process.



CAHs Measure Up: Emergency Department Transfer Communication Measure Reporting on the Rise

Data



Critical access hospitals (CAHs) play a vital role in stabilizing and transferring patients in emergency situations. The Emergency Department Transfer Communication (EDTC) measure allows CAHs to evaluate and improve the effectiveness of that important role. Improved transitions of care is a key component of increasing the quality, effectiveness, and efficiency of health care services. Effective transfer of patient information from the emergency department to the next site of care can foster continuity of patient care and help to reduce errors, improve outcomes, and increase patient and family satisfaction.

Because CAHs are increasingly in the spotlight of federal policy makers, it is more important now than ever to participate in efforts that help demonstrate the quality and value that CAHs provide to rural residents. The National Quality Forum endorsed ED transfer communication measure is part of MBQIP reporting requirements, and the goal is to have all hospitals reporting on this measure by the end of 3Q 2016.

CAHs across the country are participating. For ED transfers that happened in 1Q 2015, a total of 563 hospitals in 40 states submitted their ED transfer measures for MBQIP. Only two quarters later in 3Q 2015, 809 hospitals in 42 states were reporting on the measure.

If your CAH isn't already collecting this measure, join this work to track and improve the transfer of information for your patients, and contribute to the goal of all hospitals reporting to demonstrate at a national level the important, high-quality role CAHs play!

[ED transfer communication measure data collection and improvement resources >](#)

Tips



Robyn Quips - tips and frequently asked questions

Get Your Data Accepted by the QualityNet Warehouse

After all the work you put into getting your inpatient and outpatient data to CMS, you want to make sure it is accepted by the QualityNet warehouse.

Check if your cases were accepted

After submitting your data, you will get an email from QualityNet confirming that your data was received. This isn't saying that all your data was accepted, just that it was received. To make sure your abstraction is counted and your hospital gets recognized for the care it delivers, you should run the "Case Status Summary Report" out of QualityNet. This report will tell you the number of cases submitted to the warehouse and how many were accepted and/or rejected. Here are the steps to run that report.

Log into QualityNet:

1. Open the public website for QualityNet, www.qualitynet.org
2. Select "Login" under the "Log in to QualityNet Secure Portal" header
3. Select the QualityNet program you want to review at the Choose Your QualityNet Destination Screen. Choose either "Outpatient Hospital Quality Reporting Program" or "Inpatient Hospital Quality Reporting Program"
4. Enter your QualityNet User ID, Password, and Security Code and select "Submit"
5. Read the Terms and Conditions statement and select "I Accept" to proceed

To Run the Case Status Summary Report:

1. Look for "My Reports" and from the drop-down menu select "Run Reports"
2. Select "Run Reports" from the "I'd Like To..." list
3. Select "OQR" or "IQR" from the "Report Program" drop-down menu
4. Select "Hospital Reporting – Feedback Reports" from the list in the "Report Category" drop-down menu
5. Select "View Reports" to display a list of report names
6. Select "Hospital Reporting – Case Status Summary Report" under "Report Name"
7. Select the quarter and measure sets for the data you have just submitted
8. Select "Run Reports" at the bottom of the screen

To View the Case Status Summary Report:

Select the "Search Reports" tab. The report requested will display, as well as the report status with icons indicating that the report is processing. A green check mark will display in the "Status" column when the report is complete. Be patient, it can take a while—several minutes to several hours, depending on how busy the QualityNet server is. Once complete, the report can be viewed or downloaded.

Go to Guides

Hospital Quality Measure Guides

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



Check why cases were rejected

If your Case Status Summary Report shows that cases have been rejected, you will want to run the Submission Detail Report. This report can show you why your cases have been rejected and you can determine whether any of your cases are missing data. Follow the steps above to get the reports and select “Hospital Reporting – Submission Detail Report” under Report Name.

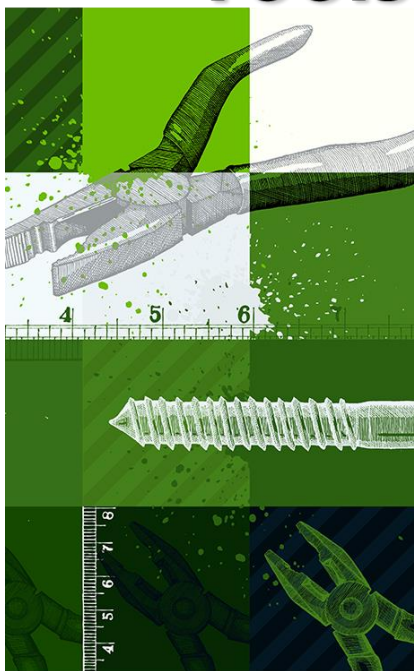
Don't wait until the last minute to submit your data. If you find you do have rejected cases, you will want to have time to correct the errors and resubmit before the data submission deadline.

Reminder: Abstract cases from all payer

Just a reminder, you should abstract all cases in your hospital that meet the population requirements. Yes, this is the Medicare Beneficiary Quality Improvement Project; however, the aim of quality reporting is to improve the care for all patients in your hospital—not just those paid by Medicare. Don't just abstract your Medicare patient data, choose all data from all payers so your hospital can understand the quality of care it provides.

Robyn Carlson, Stratis Health quality reporting specialist, provides Flex Coordinators with technical assistance related to MBQIP.

Tools



Tools and Resources

[MBQIP CAH Quality Improvement Implementation Guide and Toolkit](#). This guide and toolkit offers strategies and resources to help CAH staff organize and support efforts to implement best practices for quality improvement. It includes:

- A quality improvement implementation model for small, rural hospital settings
- A 10-step guide to leading quality improvement efforts
- Summaries of key national quality initiatives that align with MBQIP priorities
- Best practices for improvement for current MBQIP measures
- An internal monitoring tool—a simple Excel-based tool to assist CAHs with tracking and displaying real time data for MBQIP and other quality and patient safety measures to support internal improvement efforts

[Healthcare Professional Flu Measure \(OP-27\) Webinar](#). This webinar, recorded in December 2015, provides an overview of the Healthcare Professional Flu measure (OP-27), including how to sign up for an account through the National Safety Healthcare Network (NHSN), the measure submission process, and available quality improvement support. A summary of frequently asked reporting questions also is posted.

Evidence-Based Programs and Strategies for Reducing Healthcare-Associated Infections (HAI) in CAHs. This policy brief from the Flex Monitoring Team focuses on successful evidence-based programs and strategies for measuring, reducing, and preventing HAIs that can be replicated in CAHs.

Coming Soon!

MBQIP Data Collection Checklist. Step-by-step overview of MBQIP data reporting processes including links to resources to support data collection and reporting. Anticipated release is 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.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U1RRH29052, Rural Quality Improvement Technical Assistance Cooperative Agreement, \$490,194 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.