

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: Floyd Valley Healthcare, LeMars, IA

Floyd Valley Healthcare, part of Avera Health, is one of the hospitals recognized at the 2016 National Rural Health Association's Critical Access Hospital Conference as a Top 20 Critical Access Hospital. The hospital, with an average daily census of about 10, is located in Le Mars, Iowa, which claims to be the Ice Cream Capital of the World and is northeast of Sioux City.

Quality and patient perspectives are only a portion of the market, value-based and financial measures considered in the CAH ranking methodology. Upon review of MBQIP data, these were likely strong contributors to Floyd Valley's success. An HCAHPS five star hospital, Floyd Valley Healthcare performs with excellence across every MBQIP domain, and has also been a strong participant and performer in the Centers for Medicare & Medicaid (CMS) Partnership for Patients program.

When asked for the most powerful factors that drive Floyd Valley's success, administrator of 18 years, Mike Donlin described a healthy culture of teamwork and devotion to patients that impacts everything from the pristine appearance of the campus to excellence in billing and medical records. The culture is one where leaders respect and encourage staff and provide the resources needed to do their jobs well. Mike stated, "For the whole management team, no one pushes back on investing in quality. We count it as a given and a part of the minimum of what our community expects of us." He added that the work of quality is ongoing, "Nothing is sustainable without effort."

Beyond embracing Avera's proactive quality and patient safety stance, Mike also points to the power of partnerships to extend the reach of excellence into every aspect of patient care. The hospital collaborates with its principal affiliate Avera Health, as well as nearby UnityPoint Health on joint quality and patient safety projects, is active in the Iowa Hospital Association's Hospital Improvement and Innovation Network (HIIN), and participates in a Medicare Shared Savings Program Accountable Care Organization (ACO). "We seek participation in everything we can to prepare for what's coming down the pike in terms of value-based purchasing. It is dangerous to rely on the present payment system."



Ambulance and hospital staff use stop watches to monitor the time it takes for heart attack patients to get treatment.

Life-saving Timeliness Goals:

< 10 min.	ED door to EKG in hospital
30 min.	Door to needle for thrombolytic medication
60 min.	Ambulance call to thrombolytic needle
90 min.	ED door to balloon for percutaneous coronary intervention (PCI)

Spotlight on AMI Care Metrics

Such partnerships have been instrumental in propelling Floyd Valley’s Emergency Department acute myocardial infarction (AMI) care metrics well into the national 90th percentile.

Mission: Lifeline, the American Heart Association’s national initiative to advance the systems of care for patients with ST-segment elevation myocardial infarction (STEMI) and out-of-hospital cardiac arrest was implemented in Iowa in early 2015. Under the direction of cardiologist Dr. Deborah Majerus, a regional Mission: Lifeline – Iowa leader, Floyd Valley Hospital works closely with local cardiologists, the Mercy Medical Center, its nearest tertiary hospital and Unity Point St. Luke’s Hospital, 25 miles away in Sioux City, and Le Mars Ambulance to coordinate the care of AMI patients and decrease the time it takes for patients to get the lifesaving care.

The end goal: decrease the time to diagnose and treat STEMI. Ambulance crew members are equipped to perform 12-lead ECGs in the field and results can be transmitted to the Floyd Valley ED, as well as the cardiologists in Sioux City. Communication between the ambulance staff and hospital staff starts the minute a patient is suspected to be having a heart attack. Stopwatch necklaces, provided by Mission Lifeline, help ambulance and hospital staff keep their eyes on the time and meet life-saving timeliness goals for getting patients the appropriate treatment.

When a STEMI is spotted in the field, the ambulance crew can bypass Floyd Valley Healthcare to get the patient to specialized cardiac care in Sioux City more quickly. If the patient is too unstable to travel the extra distance to Sioux City or ambulance staff are unable to establish intravenous access, they stop at Floyd Valley. The patient remains on the ambulance cart in the ED. The ambulance staff stays with them and helps until the patient is stabilized and ready for transfer. Cardiac specialists are available for guidance by phone during this stabilization period.

Cardiac patients who walk into the ED also receive timely care. An EKG is performed immediately, aspirin given, and an ambulance is paged as soon as STEMI is identified. The patient is assisted directly onto an ambulance cart so no time is wasted, and the cardiologist is contacted for acceptance. The patient is then whisked off to receive specialized cardiac care—in as little as 30 minutes flat, counted by the same type of stop watch necklaces used for patients in the ambulance.

All AMI cases are reviewed monthly in regional EMS meetings and the findings of the reviews are shared with EMS, hospital groups and cardiologists participating in Mission: Lifeline Iowa, for purposes of improving timeliness and quality of care.

Floyd Valley Healthcare is a shining example of a critical access hospital that will undoubtedly succeed in the changing landscape of health care. The hospital is poising itself for the range of CAH value-based reimbursement model possibilities.

Data



CAHs Measure Up: Variation and Improvement

Hospitals should strive to reach 100% performance on clinical quality process measures. If your hospital isn't achieving this level of care, review the records for patient stays that did not meet the measures each quarter to understand what might have caused variation.

Let's look at Measure OP-4, Aspirin at Arrival, which measures the percentage of patients who were given aspirin within 24 hours. A hospital's goal should be 100%, as aspirin use in AMI and chest pain patients can significantly reduce adverse events and death.

Below are two excerpts from actual CAH MBQIP reports that show variability for the OP-4 measure, one from a low volume CAH and one with a higher number of AMI patients. In each case, one or two patients did not receive optimum care. When patient numbers are small, even one patient's care can affect your measures in a big way.

Low volume variation

The number of patients each quarter in this example is relatively small. Notice the variation in the measure percentages (from 67%, to 100%, to 75%, and back up to 100%).

MBQIP Quality Measures		Your Hospital's Performance by Quarter			
		2Q15	3Q15	4Q15	1Q16
AMI Cardiac Care					
OP-1	Median Time to Fibrinolysis	■	■	■	■
OP-2	Fibrinolytic Therapy Received Within 30 Min. of ED Arrival	■	■	■	■
OP-3b	Median Time To to Transfer to Another Facility for Acute Coronary Intervention	■	■	■	■
OP-4	Aspirin at Arrival	67% of 3 patients	100% of 1 patients	75% of 4 patients	100% of 9 patients

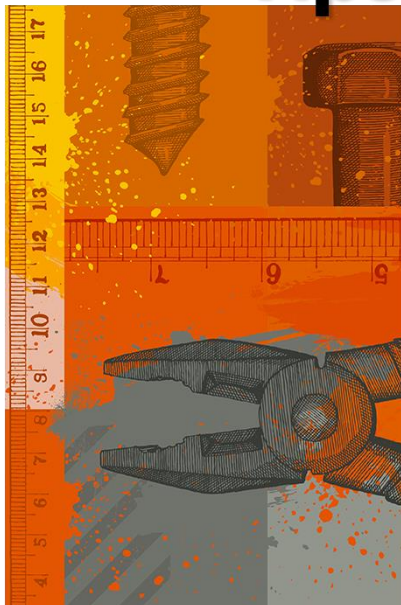
Higher volume variation

For this example, the hospital's performance is consistently very high, but less than 100%. The processes for best practices typically are followed.

MBQIP Quality Measures		Your Hospital's Performance by Quarter			
		2Q15	3Q15	4Q15	1Q16
AMI Cardiac Care					
OP-1	Median Time to Fibrinolysis	■	■	■	■
OP-2	Fibrinolytic Therapy Received Within 30 Min. of ED Arrival	■	■	■	■
OP-3b	Median Time To to Transfer to Another Facility for Acute Coronary Intervention	■	■	■	■
OP-4	Aspirin at Arrival	95% of 22 patients	100% of 25 patients	97% of 32 patients	94% of 35 patients

In each case, the hospitals should review the records for the patient stays that did not meet the OP-4 measure to understand what happened. Look for the updated MBQIP Quality Guide, coming out later this fall, which will offer tips on quality improvement and reports.

Tips



Robyn Quips - tips and frequently asked questions

CART Tips

Here are a few tips for using the CMS Abstraction and Reporting Tool (CART).

The first person you set up in CART needs to be given the role of System Administrator. This role allows access to all CART functions— data entry, report running, and sending data to the QualityNet warehouse. Not to be confused, this role is a separate from your QualityNet Administrator role, though it can be the same person. You can have more than one System Administrator in CART. Anyone you chose can be a System Administrator. All of your hospital's CART administrators have access to all of CART's functions. Having multiple administrators means the hospital won't be in a bind if someone is on vacation or changes jobs— someone will be able to submit your data. Your hospital's data in CART is only accessible to the designated CART administrators. It is not available to anyone else until you submit it to the QualityNet warehouse.

Patient demographic information (name, sex, birthdate, etc,) is only entered once in CART, in the Patient Information section. After the initial visit, when a patient returns, look them up by clicking the Search button on the Patient Information page, find their name and click to highlight it. Then over on the right-hand side of the screen, under Patient Detail, click on Add an Abstraction. This allows you to add the date and clinical measure topic for the new encounter or stay.

When entering a new patient, you are asked to provide a patient identifier. We recommend using the patient's medical record number. This doesn't change from encounter to encounter and makes it easier for you to track the record if needed.

“Would you like the questions to be enabled or disabled appropriately per the measure algorithms or do you want all questions enabled?” is the first question for each clinical topic when you are on the abstraction screen in CART. You want to choose enable/disable questions, CART will then grey out the questions that don't apply to the case you are entering. If you don't select that, you will have to provide an answer for each question. For example, if you say no ECG was done, you don't want to answer the questions asking for the date and time of the ECG.

When moving from question to question it is best to use the Tab key to navigate. It's easy to miss questions, but if you tab you are less likely to miss a question.

Questions that must be answered are in bold on the left-hand side of the screen in the Navigator box. All unanswered questions appear in the box. Only the questions in bold must be answered to make the case complete.

The physician questions at the end of each case are only there for the individual hospital's use. That information doesn't get used by CMS or MBQIP. It is there for the hospital to use if they wish to track physicians for their own reporting in CART. You can enter physician numbers or names.

Go to Guides

Hospital Quality Measure Guides

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



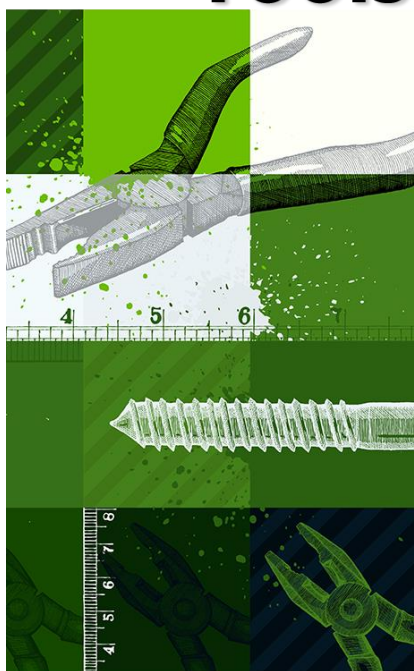
When you are done abstracting the case, make sure to save. There is no save button—click on the save icon (floppy disc image) at the top left hand corner. If you have entered all the data elements necessary, the case changes from pending to complete at the top of the screen.

If you want to see immediately how that case did on the clinical topic measure after you have finished entering the case, you can click on the Patient Details tab, found at the top of the page above the name of the clinical measure topic. A screen with the measures will show and indicate if the case passed, failed or was excluded from the measure.

Need more tips? An online CART Help Guide can be found on the CART Downloads and Info page under both the Inpatient and Outpatient Hospital tabs on the QualityNet home page.

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

Tools



Tools and Resources

Mission: Lifeline. Sponsored by the American Heart Association, this initiative provides tools, resources, and guidance to develop a coordinated, proactive system of care. First responders, hospitals and other health care providers become a team that uses proven guidelines and best practices to treat patients suffering heart attacks. A variety of [tools and resources](#) are available publically, additional information is available for those that choose to join the Mission: Lifeline Network or seek accreditation.

Updated - **MBQIP Measure Fact Sheets.** One-measure-per-page overview of the data collection and reporting processes for MBQIP measures. Updated with 2017 data deadlines and inclusion of measure descriptions for optional MBQIP measures. Measure summary information is also available in an Excel format in the [MBQIP Measures Matrix.](#)

Jump Start Stewardship: Implementing Antimicrobial Stewardship in a Small, Rural Hospital. Antimicrobial stewardship—a commitment to optimize antibiotic use to improve patient outcomes and save resources—is a key component of hospital quality improvement and patient safety. This workbook provides small hospitals with a road map and tools for developing a framework and plan for implementing a stewardship program that is feasible and tailored to each hospital's unique characteristics.



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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