

# 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: Ojai Valley Community Hospital, Ojai, CA

Ojai Valley Community Hospital (OVCH) serves the community of Ojai, nestled in a valley amidst the Topa Topa Mountains northwest of Los Angeles, California. This critical access hospital (CAH), with an average daily census of 20, and attached 66-bed nursing home are a part of the Community Memorial Health System. The system also includes the Community Memorial Hospital in Ventura, CA, and multiple clinics and centers for family health.

Since OVCH was designated as a CAH only a couple of years ago, its leaders and staff had experience with quality reporting as a PPS hospital. It continues to place a high priority on quality improvement, evidenced by outstanding MBQIP performance across all domains.

The administrator of the hospital, Haady Lashkari, sets an expectation of excellence, particularly for Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). If Ojai is at 99 percent on a particular measure, he will ask what's needed to get to 100. He is very visible and engaged in what happens at the patient bedside, with an office strategically positioned near patient care. Haady walks through often, visits with patients and staff, and observes care being delivered. He speaks often of quality and patient safety excellence goals, and attends staff meetings to participate in feedback and discussion. He holds standing meetings with the ED director, chief of staff, and medical director to review and respond to quality improvement metrics.

Jacque Brobisky, Director of Quality at OVCH, reports directly to the health system's vice president of quality, with a dotted line to Ojai's administrator. She describes textbook style execution of the [CAH Quality Improvement Implementation Guide's](#) hub and spoke model, with a notable servanthood approach from those at the hub. Jacque communicates daily with the director of nursing, department managers, and house supervisors. She sees herself as a quality improvement assistant, teaching them how to collect, report, and analyze data. Jacque regularly provides them with updated graphs and charts so they can share improvement progress with staff and leaders.

Leadership development is an important factor in the Ojai's success. Community Memorial Health System organizes training and a mentoring program for its new leaders. Nursing leaders also attend leadership retreats. CMHS partners with the local California State University BSN program on educational opportunities. In another important connection with academia, master's degree students in nursing or health care administration regularly do quality improvement mentorships at OVCH.

As a top priority identified at the system and local level, HCAHPS improvement is an ongoing, focused, and lively quality improvement initiative at OVCH. The most powerful improvement tool employed is



communication in the form of frequent feedback.

Communication with staff, communication with patients, communication with physicians. In leadership meetings, quality meetings, department staff meetings, medical staff meetings, and informal conversations on the patient floor. Written HCAHPS vendor

reports and dashboards are provided monthly to department heads and physicians, and are posted on quality bulletin boards in two central areas of the hospital. The Director of Nursing and house supervisors round on patients daily to ask about their satisfaction with the care, allowing for issues to be resolved while the patient is in the hospital. Every week, Jacque reviews HCAHPS patient comments and requests to be contacted, forwarding them to department directors and copying administration. Every request is followed up on and every comment is reviewed as a leadership meeting standing agenda item. Issues are described and discussion ensues on how that information can be used to effect improvement.

Several best practices have helped drive HCAHPS composite-specific improvements. White boards in patient rooms are reviewed and updated with patients during nursing bedside shift report—this improved nursing communication scores. Physician communication has been positively impacted by the employment of hospitalists, who are more readily available to patients than physicians engaged in clinic practices. A new hospital work process design placed nurse workstations closer to patient rooms. The design garnered improvements in responsiveness, but negatively impacted “quietness of hospital environment”, which is now an area of focus. Daily patient rounding by the DON or house supervisor to assess and respond to patient satisfaction also was associated with improved responsiveness scores. This concept was successfully spread to hospital cleanliness, with the housekeeping supervisors rounding daily to ask patients about the cleanliness of their environment and addressing identified concerns in real time.

Frequent feedback and communication at all levels is a quality improvement strategy effectively employed in every MBQIP domain at Ojai

Valley Community Hospital. The first emergency department transfer communication (EDTC) audit in 2014 revealed two percent compliance. Using a transfer checklist, concurrent audits, and constant feedback to physicians and nurses has driven compliance to 98 percent, with aim of 100 percent. Also in the ED, outliers were observed in “time to EKG for chest pain and AMI.” Chart reviews revealed a failure to identify atypical presentations such as shortness of breath or throat tightness. ED leaders and staff reached out to the local EMS, who shared an AMI screening education tool used in the ambulance. It was posted in the ED and reviewed during regular staff education, as is every subsequent “time to EKG” outlier. All nurses and EMTs in ED were taught to do EKGs, which also improved timeliness.



In the area of influenza vaccinations for staff and inpatients, Ojai’s infection preventionist is geared up for a new season. Last year the hospital reported a health care provider immunization rate of over 90 percent to NHSN. Staff receive color coded name badge stickers that communicate their influenza vaccination status, which helps remind each other to get the vaccination or wear a mask around patients if they have declined. For patients, Jacque observed outlier low rates for influenza immunizations in the first few days of October last year. Her investigation uncovered that the influenza immunization assessment prompt is “turned on” in the EHR admission assessment workflow beginning October 1, so some patients admitted in the last days of September and discharged after October 1 didn’t get screened. This year, special attention is being paid to making sure influenza vaccination assessments are completed for all discharges starting October 1 so that not one patient is missed.

A culture of excellence forged by a leader who is not afraid to continually raise the bar, an intentional and organized quality improvement structure, and continual investment in leadership development have driven Ojai Valley Community Hospital to first-rate MBQIP performance.

Congratulations!

**OVCH Best Practices Summary**

- Frequent quality improvement measurement and feedback
- Nurse communication: Communication white boards in patient rooms, bedside shift report
- Responsiveness of hospital staff: Decentralized nurse work stations, nurse leader patient satisfaction daily rounding
- Health care personnel immunizations (OP 27): Influenza immunization status name badge stickers, masks for personnel who decline immunizations
- Patient influenza immunizations (IMM 2): Begin EHR workflow in late September to include patients discharged beginning Oct 1

# Data



## CAHs Measure Up: HCAHPS Response Rates

The Rural Quality Improvement Technical Assistance (RQITA) team has compiled best practices for improving HCAHPS response rates based on conversations we've had with high-performing CAHs across the country. Generally, higher response rates can reduce survey error, especially when a small number of patients are surveyed, as is the case for many CAHs.

### Response rates and your HCAHPS vendor

Your HCAHPS survey vendor can have a big influence on your HCAHPS response rates. When choosing a vendor, ask them:

1. What are your typical response rates? Is the response rate around the national average of 29 percent?<sup>1</sup> If it's lower or higher, why might that be?
2. How long do you wait to administer the surveys after you've received the list of patients from us?
3. How often, and how many times, do you try to reach patients to get their completed response? Consider how it fit your expectations.
4. What mode do you use to administer the survey? Phone, paper, or mixed mode (i.e. both)? One CMS study found that mixed mode may produce the best response rates, followed by mail, but consider what might be best given your patient population.<sup>2</sup>

You may also consider connecting with your vendor regularly. For example, having quarterly calls to talk about HCAHPS and any suggestions they may have for you.

### Response rates and your hospital

The vendor isn't all that matters. Here are some ways that might increase response rates that your hospital can control:

1. Administer surveys quickly after patient discharge. Send your list of eligible patients to the survey vendor on a weekly basis, not monthly.
2. Let your patients know the survey will be coming. Even though you can't try to influence their responses, give some advance notice that they may be contacted. Make sure they know if this contact will be by mail or by phone, as well.
3. Tell patients why their input matters. One hospital gives patients a "calling card" notifying them that they may receive two calls: "One so that we can check on you, and one so that you can help us improve."
4. Confirm with your patients before they leave the hospital that you have their correct phone numbers and/or mailing addresses.

Hospitals with higher HCAHPS scores also tend to have better response rates. Perhaps the key to higher response rates, as well as better scores, is providing a positive overall patient experience.

<sup>1</sup> [http://www.hcahponline.org/Files/July\\_2016\\_Summary%20Analyses\\_States.pdf](http://www.hcahponline.org/Files/July_2016_Summary%20Analyses_States.pdf)

<sup>2</sup> [http://www.hcahponline.org/files/DescriptionHCAHPSModeandPMAwithBottomBoxModeApr\\_30\\_08.pdf](http://www.hcahponline.org/files/DescriptionHCAHPSModeandPMAwithBottomBoxModeApr_30_08.pdf)

# Tips



## Robyn Quips - tips and frequently asked questions

### Potpourri of Abstraction Reminders

Before the next data due dates come around, here are some reminders to make sure your data is being abstracted and counted correctly.

OP-4 and OP-5 are measures that include cases from both your hospital's AMI and Chest Pain populations. Reference the tables in Appendix A of the [Outpatient Specifications Manual](#) for guidance on selecting your populations. Requirements for both populations include those patients seen in your ED with an E/M code (OP Table 1.0), are ≥ 18, and are discharged/transferred to another short-term general hospital for inpatient care or to a federal health care facility. AMI patients need to have an ICD-10-CM Principal Diagnosis Code for AMI (OP Table 1.1) and Chest Pain patients need to have an ICD-10-CM Principal or Other Diagnosis Codes for Chest Pain (OP Table 1.1a).

All measures in a measure set need to be abstracted for that measure set to be accepted in the QualityNet warehouse. For example, the AMI measures set currently includes OP 1-5. You must collect data on all five measures or the warehouse will reject the cases.

Patients who are seen in your ED and are then transferred to inpatient status at your hospital should not be included in the outpatient measures.

After you submit data to the QualityNet warehouse you should get an email confirming that your data was received. This doesn't mean that your data was accepted or rejected, just that it was received. You need to run the Case Status Summary Report out of QualityNet to determine if your data was accepted or rejected. See instructions on how to run the report in [Get Your Data Accepted by the QualityNet Warehouse](#).

### Population and sampling

Population and sampling data for both the inpatient and outpatient measures are due on the 1st day off the month in which data is due. Even though inpatient data is not due to CMS until the 15th, the population and sampling data is due the 1st.

When entering your IMM-2 measure population and sampling count in QualityNet via the QualityNet Secure Portal, record them under Global Measures. The IMM-2 measure is part of what CMS calls the Global Measure Set (ED-1 and ED-2 also part of that set) and since those measures have the same population, you record them under the Global Measure title.

You don't have to put anything in the population and sampling grids for those measures you are not currently collecting data on. For example, if you aren't collecting inpatient VTE, just leave that grid blank. For the measures you are abstracting, put either the number of cases you will be submitting data on, or 0 if no cases meet the measure population requirements for the quarter.

### Emergency Department Transfer Communication (EDTC)

EDTC data submission dates are not the same as the CMS data submission dates. EDTC data is a quarter ahead of and due earlier than

## Go to Guides

### Hospital Quality Measure Guides

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

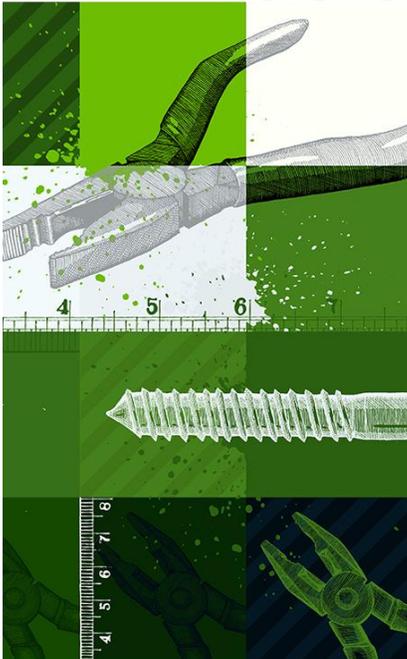


CMS data. Q3 2016 EDTC data is due October 31, 2016 while Q2 CMS data is due November 1 for outpatient and November 15 for inpatient.

Patients who reside in a nursing home, are seen in the ED and then transferred back to the nursing home are included in the EDTC population. For the EDTC program abstraction, this is not considered a discharge status of home. It is considered a transfer to another health care facility.

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

# Tools



## Tools and Resources

[MBQIP Data Submission Deadlines Chart](#). Updated to include data submission deadlines through 2017. This single page document contains a chart showing the MBQIP data submission deadlines.

[Quality Improvement Implementation Guide and Toolkit for Critical Access Hospitals](#). Offers strategies and resources to help critical access hospital (CAH) staff organize and support efforts to implement best practices for quality improvement.

**Influenza vaccination season is around the corner!** These resources can assist your hospital in improving vaccination rates and reporting data:

[Healthcare Professional Flu Measure \(OP-27\) Webinar](#). This recorded webinar 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 Toolkit for Long-Term Care Employers: Increasing Influenza Vaccination among Health Care Personnel in Long-term Care Settings](#). Although focused on long-term care settings, this new resource from the Centers for Disease Control and Prevention (CDC) provides strategies and resources to support vaccination among health care personnel that also may be applicable in hospital settings.

[Influenza Immunization Strategies](#). Implementation of standing orders to support influenza vaccination of hospitalized patients is a proven strategy for increasing vaccination rates. Resources supporting implementation of a standing order strategy are highlighted.



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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