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: Spanish Peaks Hospital, CO

3 Data: CAHs Measure Up: 2017 MBQIP Awards

4 Tips: Robyn Quips – tips and frequently asked questions: Abstraction Tidbits

6 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.

Spanish Peaks Hospital, CO

Spanish Peaks Hospital is a 20 bed, critical access hospital located in the foothills of the Sangre de Cristo mountain range of Southeastern Colorado near the small town of Walsenburg, 45 minutes south of Pueblo. Serving around 6,500 people in Huerfano and surrounding counties, Spanish Peaks Hospital is part of Spanish Peaks Regional Health Center (SPRHC). The hospital has a busy emergency department, an active outpatient ambulatory surgery practice, and an average daily census of around four. Attached to the hospital is the Five-star rated, 120 bed Spanish Peaks Veterans Community Living Center.

Spanish Peaks Hospital is a consistently high performer across all Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) measures, with a higher than average response rate at 36 percent (national average is 32 percent). The hospital reaches patients via a customer satisfaction telephone survey. An impressive 92 percent of their patients gave the hospital a 9 or 10 overall score of on a 1-10 scale, well above the state and national averages of 76 and 73 percent, respectively. Another indicator of excellent care at Spanish Peaks Hospital is that 85 percent of patients said they would "definitely recommend" the hospital. They are always working on strategies to increase patient satisfaction scores and encourage patients to complete the survey when contacted.

In addition to HCAHPS, the hospital is regularly successful across all MBQIP OP measures, typically scoring in the top 10 percent. Not content with that score, the hospital continues to dig into their data to uncover additional improvement opportunities. One example is the work done on Outpatient Measure 5 – Median time to EKG.

According to Carrie Andreatta, RN, QI manager at Spanish Peaks Hospital, data showed they had room for improvement. Working with Beth Katzenberg, CRHC Senior Advisor, the hospital formed a multidisciplinary team with members from pharmacy, nursing, ED and cardiopulmonary to address process improvement. The team created process flow maps to help identify barriers to getting EKGs done in a timely fashion. They soon realized that the lab also had a major role in the process, so the lab manager was included. Some of the in-house process changes included ensuring the EKG is completed first, and the use of overhead paging to alert staff that a patient with chest pain is on the way. The hospital's median time to EKG has gone from 17

minutes to six minutes, (state median is 11 minutes) and Andreatta anticipates that the current quarter data will show even more improvement.

There are new programs at SPRHC that are having a positive effect on the care of patients with chest pain. SPRHC recently acquired the county ambulance service – patients presenting with chest pain in the field are triaged by EMS personnel who can initiate their STEMI protocol thus expediting the care and treatment of patients with an AMI. Spanish Peaks also has developed a partnership with Parkview Hospital, a tertiary hospital in Pueblo which acts as a quality improvement liaison; one joint project is the coordination of care of patients with AMIs. In addition to the quality partnership, Parkview Hospital has been very helpful with data reporting and extraction and other documentation hurdles as Spanish Peaks moves to a new electronic medical record system.

Spanish Peaks EKG Team. From Left: Cindy Gutierrez ED Manager and Trauma Nurse Coordinator, Bobbie Jo Trujillo, RN, Acute Nurse Manager Jodi Gatlin, Cardiopulmonary Director, Carrie Andreatta, RN, QI Manager. Not pictured: Leonard Bellah, Pharmacist.

According to Andreatta, the key components that drive Spanish Peaks' continual quest for improvement are: leadership, data, staff engagement, and communication to close the loop.

1. Leadership: CEO and President Kay Whitley has been at the helm of Spanish Peaks for just over a year. She is very involved in reviewing data and seeking improvement opportunities. She asks the hard questions and suggests potential reasons for why the data might look the way it does, which in turn spurs leadership and staff to think about ways to improve.
2. Data: Spanish Peaks strives to present data to staff and leadership in a way that is both meaningful and actionable. Transparency is helpful: data is posted in report rooms and other gathering places so staff can see how their department/unit is doing. Data is targeted for departments, for example, housekeeping focuses on room cleanliness. QI meetings also report on data.
3. Staff engagement: Spanish Peaks found that getting employees involved in problem resolution early is a must-have for successful implementation of changes. Multi-disciplinary teams made up of employees come together, share perspectives, solve problems, and create a shared mental model moving forward.
4. Communication: the hospital is small enough that 1:1 communication is often sufficient. Meetings are also a successful venue for communication. Administration holds quarterly employee meetings for updates and Q&A and to recognize employees for outstanding contributions and years of service and in addition, monthly meetings are held with the management team. One tool Spanish Peaks uses to help close the loop between leadership and employees is the Studer Group stoplight report. The stoplight report uses the green/yellow/red format for reporting back to groups after rounding has identified opportunities. The green section outlines what was accomplished or completed. The yellow section outlines what is being fixed, but is a work in progress, and lists the next steps. The red section outlines those requests that are not able to be granted, and the reasons why.

Spanish Peaks Hospital is an excellent example of a small hospital doing big things. They also know how to celebrate successes – with a public "thank you" at meetings or other gatherings where food, and fun is almost always included!

CAHs Measure Up: 2017 MBQIP Awards

At the 2017 annual gathering of Flex programs, awards were announced for the top 10 states with outstanding quality performance among their critical access hospitals (the FORHP State Quality Ranking), as well as for the states with demonstrated improvement among their critical access hospitals in reporting, performance, and overall (Most Improved). The 10 states awarded the FORHP State Quality Rankings were designated by compiling rankings of reporting and performance in patient safety, outpatient, and HCAHPS measures for Q1 – Q4 2015, and in EDTC for Q1 – Q4 2016. The Most Improved states were designated by comparing reporting and performance rankings from this year to the previous year's rankings. A map illustrating this year's awardee states is below.

MBQIP reports provide averages and 90th percentiles for your state and the nation to use for benchmarking, and Interpreting MBQIP Hospital Data Reports for Quality Improvement discusses ways you might approach this. You also might consider using the performance of the FORHP State Quality Ranking top 10 states as a target for your hospital to meet or exceed! The table of selected measures below shows the best overall state average and the best statewide 90th percentile among this year's top 10.

MBQIP Measure	Best Overall State Average	Best Statewide 90th Percentile
EDTC-All	92% (PA)	100% (ME, NY, PA, UT)
OP-18b	90 minutes (NE)	55 minutes (NE)
HCAHPS Question 21	80% rating of 9 or 10 (NE)	91% rating of 9 or 10 (UT)
IMM-2	94% (ME)	100% (IN, ME, MI, MN, NE, NY, PA, UT)

EDTC-All is the composite Emergency Department Transfer Communication measure. Data shown is from Q1 2017.

OP-18b is the median time from Emergency Department arrival to contacted departure for discharged ED patients. Data shown is from Q4 2016.

HCAHPS Question 21 is a measure of Overall Hospital Rating. A rating of a 9 or 10 is the top box score, or the highest score. Data shown is from Q1 – Q4 2016.

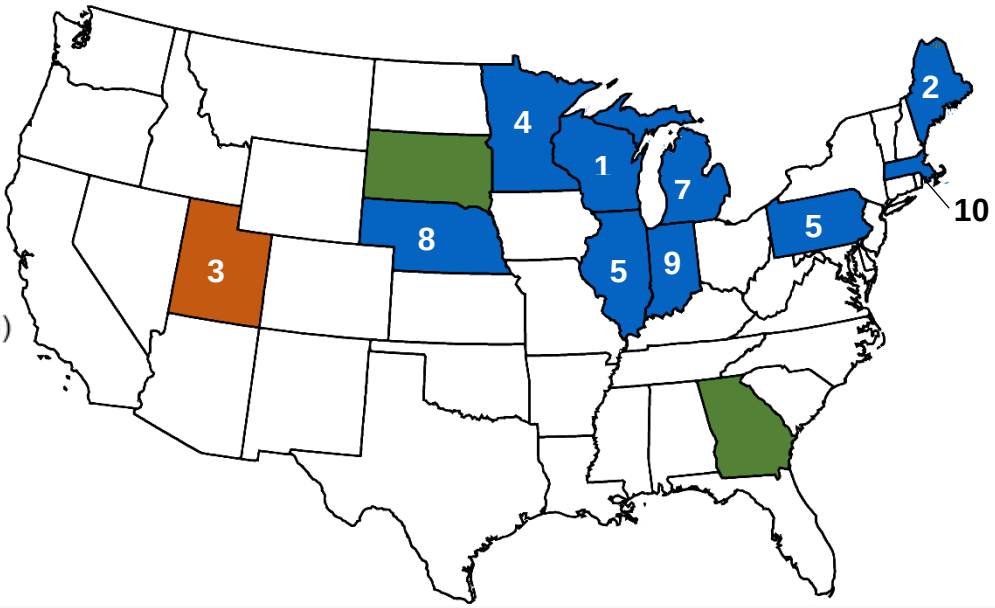
IMM-2 is influenza immunization among patients. Data shown is from Q4 2016.

MBQIP Awards 2017

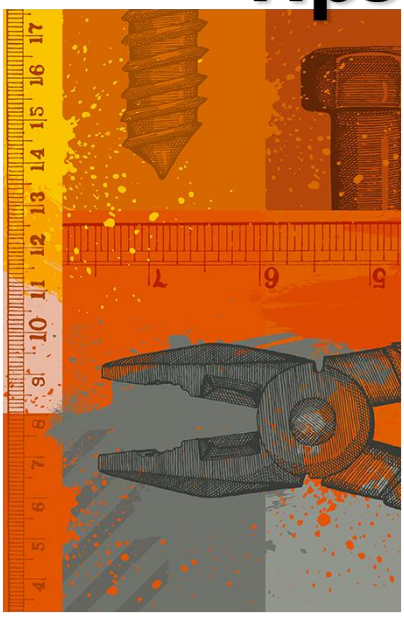
FORHP State Quality Ranking
FORHP State Quality Ranking & Overall
Most Improved

1. Wisconsin
2. Maine
3. Utah
4. Minnesota
5. Illinois and Pennsylvania (tied)
7. Michigan
8. Nebraska
9. Indiana
10. Massachusetts

Georgia (Reporting)
South Dakota (Performance)



Tips



Robyn Quips - tips and frequently asked questions

Abstraction Tidbits

OP-21 Median Time to Pain Management for Long Bone Fracture – During my last open office hours call, I was asked why pain medication via an oral route is not acceptable for answering yes to the pain medication data element for those patients 18 years of age and older.

Here is the response from CMS Outpatient Support:
OP-21 is intended to measure hospitals on effective and prompt treatment of patients who are experiencing significant pain due to a long bone fracture. During the time of the measure's development, there was mixed evidence on the efficacy of oral pain medication for patients aged 18 years or older for the management of pain associated with long bone fractures. We are currently evaluating the appropriateness of other routes of administration for pain medication in adults (including oral administration), and we will consider your inquiry during these specifications updates.

Just another reminder, the measure isn't about whether pain medication is given, it is about the timing of the medication. That is why you need to refer to the Specification Manual instructions on how to answer this data element if the patient is given or has taken pain medication prior to ED arrival or if the patient refuses the medication. You can also watch the abstraction instruction video for OP-21.

EDTC – Questions are coming in regarding how many cases need to be done for the EDTC abstraction. Hospitals need to submit a minimum of 45 cases per quarter. CAHs that see less than 45 cases per quarter must do them all. CAHs that see more than 45 can choose to do a larger sample, they are not limited to only 45. Please refer to the Population and Sampling section of the EDTC Specifications Manual.

Population and Sampling – No update yet on when the population and sampling grid will be available for the CMS Outpatient Measures. If you want to submit that data, the XML file submission is still the only way it can be done. Remember, the inpatient population and sampling grid wasn't affected so you can still enter your numbers there.

Data Submission Deadline Chart MBQIP Data Submission Deadlines - Letter Size – Several people have been asking when this will be updated. CMS hasn't provided any updates to the outpatient submission date resources yet. The dates of submission probably aren't going to change from past years, so more than likely Q3 2017 data will be due February 2018. Once we have official confirmation of dates, we'll update the resource and let everyone know. You can still refer to the MBQIP Upcoming Data Submission Deadlines information sent out every month for the next data due dates.

Another **Open Office Hours Call for Data Abstractors** is coming up on September 20. There is no formal presentation during the call; your abstraction questions drive the conversation. Even if you don't have a question, these calls aren't recorded and no transcript created, so you may still want to listen in – who knows what you may take away from the discussion! You can find the link to register in the Tools and Resources section on page five.

Go to Guides

Hospital Quality Measure Guides

- MBQIP Reporting Guide
- Emergency Department Transfer Communications
- Inpatient Specifications Manual
- Outpatient Specifications Manual

Tools and Resources

Summary – HCAHPS Best Practices in High Performing Critical Access Hospitals Study

Highlights of key strategies from focus group discussions with 38 hospitals from across 17 states for each HCAHPS performance area, topic, or composite.

Ask Robyn – Quarterly Open Office Hour Calls for Data Abstractors

September 20, 2017 2:00-3:00 p.m. CT Register here

Sometimes it just helps to talk to someone! Quality Reporting Specialist Robyn Carlson will be offering open office hour calls to discuss your MBQIP abstraction questions. Sessions are free of charge, but registration is required. For more information about the Ask Robyn calls, contact Robyn Carlson (rcarlson@stratishealth.org).

Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals

Provides guidance on practical strategies to implement antibiotic stewardship programs in small and critical access hospitals (CAHs). Suggestions provided are based on discussions with staff in small and CAHs, several of which have implemented all of the Centers for Disease Control and Prevention Core Elements.

AHRQ Safety Program for Improving Antibiotic Use

Now recruiting acute care hospitals for participation in a 12 month project beginning December 2017. This free program incorporates both technical and behavioral components to improve antibiotic prescribing.

The program will support hospitals' efforts to improve antibiotic use and reduce associated harms while safeguarding antibiotics' effectiveness for future generations. It will also help participating organizations meet The Joint Commission's new Antimicrobial Stewardship Standard.

Participating hospitals will receive expert coaching, webinar-based education, improvement tools, patient education materials, and other resources to help run an effective antibiotic stewardship program. This program also strives to improve teamwork and communication surrounding the use of antibiotics. Participating hospitals are asked to submit data on monthly antibiotic use and quarterly *C. difficile* infection rates. Hospitals are also asked to complete antibiotic review forms on 10 patients a month, as well as complete questionnaires on antibiotic stewardship practices and patient safety culture.

Join a one-hour informational webinar to learn more.

- Aug. 29, 1 p.m. ET
- Sept. 12, 1 p.m. ET
- Sept. 26, 1 p.m. ET
- Oct. 10, 1 p.m. ET

For details, visit https://safetyprogram4antibioticstewardship.org/ or email antibioticsafety@norc.org.

StratisHealth

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, $500,000 (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.